

L 07000126194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

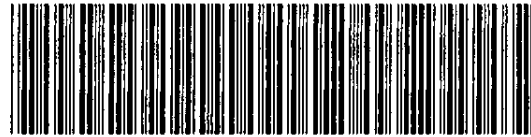
(Business Entity Name)

(Document Number)

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2011 FEB 22 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
FEB 23 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ruby A. Cayco-BELL M.D., PLLC  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ruby ANN Cayco-BELL  
(Name of Person)

Ruby A. Cayco-BELL M.D., PLLC  
(Firm/Company)

600 W. LAS OLAS BLVD, #2205  
(Address)

FORT LAUDERDALE, FL 33312-7166  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ruby Cayco-BELL at (954) 765-6841  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee.  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

2011 FEB 22 PM 4:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Ruby A Cayco-Bell M.D., PLLC

2. The Articles of Organization were filed on DEC 20<sup>th</sup> 2007 and assigned document number  
L07000126194 (EFFECTIVE DATE: 1/2/2008)

3. The date the dissolution was approved: 2/17/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

My employment status changed from working as  
an independent contractor (physician) to  
working as an employee of TEAM HEALTH Southeast.

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.  
-OR-  
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.  
-OR-  
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Ruby A Bell

Ruby Ann Cayco-Bell