

LO8 000023527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

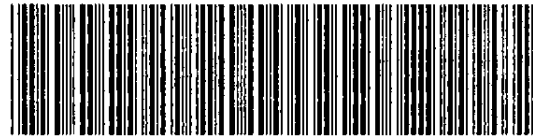
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 17 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Preferred Care Network II, LLC
(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:

Windy A. Kemp

(Name of Person)

Preferred Care Network II, LLC

(Firm/Company)

825 SE 3rd Avenue

(Address)

Ocala, Florida 34471

(City/State and Zip Code)

For further information concerning this matter, please call:

Windy A. Kemp

(Name of Person)

at (352) 629-7979

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Preferred Care Network II, LLC

2. The Articles of Organization were filed on 03/05/2008 and assigned document number
L08000023527

3. The date the dissolution was approved: December 31, 2010

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).

The LLC ceased operations upon the written consent of all members of
the LLC.

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. 608.441.

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

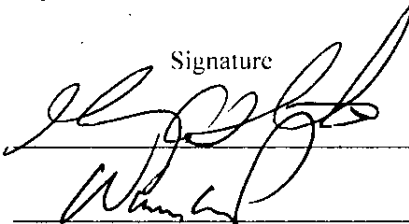
7. **CHECK ONE:**

- ☒ 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.

2011 MAR 16 MDH
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Signature


Printed Name

Gary A. Thurston

Windy A. Kemp