# 108000037178

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)
(Address)  (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
·
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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D. BRUCE

OCT 19 2009

EXAMINER

#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

SUBJECT: AM Health, LLC

EW 39-1211593
(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:

Adam Cuffaro	•		
	(Name of Person)		
AM Health, LLC			
	(Firm/Company)		
7922 Keryn Hammock	k Court		
	(Address)		
Sarasota, FL 34210			
(C	City/State and Zip Code)	Fe	09
For further information concerning this matter, pleas	se call:	AHASS	F30 60
Adam	at ( 941 ) 812-0	ດ <b>7</b> ດ1 ກ່`	0)
(Name of Person)	(Area Code & Daytime	Telephone Number	
Enclosed is a check for the following amount:		Telephone Number of AIA	
\$25.00 Filing Fee \( \text{Certificate of Status} \)	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)

#### **MAILING ADDRESS:**

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

#### STREET/COURIER ADDRESS:

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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2009

ADAM CUFFARO 7922 KERYN HAMMOCK COURT SARASOTA, FL 34210

SUBJECT: AM HEALTH, L.L.C. Ref. Number: L08000037178

We have received your document for AM HEALTH, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II Letter Number: 809A00032707

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is AM Health, LLC	
2. The Articles of Organization were filed on	+-11-08 and assigned document number
L08000037178	and assigned document names.
3. The date the dissolution was approved: $\frac{9}{2}$	3/09
4. A description of occurrence that resulted in the li 608.441, Florida Statutes, (copy 608,441 on back	imited liability company's dissolution pursuant to section k cover letter).
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	09 u
5. CHECK ONE:	HAACT TO
☐-OR-	he limited liability company have been paid or discharged. he debts, obligations and liabilities pursuant to \$5.608.421.
	ributed among its members in accordance with their respective
7. CHECK ONE:	25 40
There are no suits pending against the co	ompany in any court.
-OR- Adequate provision has been made for the entered against it in any pending suit.	he satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	e of membership interests necessary to approve the dissolution:
Signature	Printed Name
	Adam Cuffaro
	9/23/0