## L08000039255

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

A. LUNT

MAR 1 8 2009

**EXAMINER** 

Office Use Only



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2009 MAR 17 PH 3: 11
SECRETARY OF STATE
TALLAHASSEE FI MININ

## **COVER LETTER**

Registration Section

TO:

Divisio	on of Corporations		
SUBJECT: _	(Name of Limited Liability Company)	rive pl	- C
	(Name of Limited Liability Company)		
The enclosed A	rticles of Dissolution and fee(s) are submitted for filing.		
Please return al	I correspondence concerning this matter to the following:		
	Instin Newman		
•	Justin reward (Name of Person)		
	THE ROMY A	₹., 2	
	THE ROMAN (Firm/Company)	SECRETA	
	- •	## ## ## ## ## ## ## ## ## ## ## ## ##	_
	6619 5 DIXIE TWY STE 229	987 J	
	22.112		7
	MI AM   FL 33/43 (City/State and Zip Code)	33 & '	
		<b>S</b> M: 2	
For further info	rmation concerning this matter, please call:		-
	Jush Newww at (305) 663 5696  (Name of Person) (Area Code & Daytime Telephone Num		
	(Name of Person) (Area Code & Daytime Telephone Num	iber)	
Enclosed is a chec	ck for the following amount:		
\$25.00 Filing F			
	Certificate of Status Certified Copy Certificate of (additional copy is enclosed) Certified Copy	py	
	(additional c	opy is enclosed)	
	MAILING ADDRESS: STREET/COURIER ADD	RESS:	
	Registration Section Registration Section Division of Corporations Division of Corporations		
	P.O. Box 6327 Clifton Building		
	Tallahassee, FL 32314 2661 Executive Center Circle	e e	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	CHIPTSE medicinos, PLLC
DATE (105+11010 OF	CPIENOSE MEDICINO PEDE
2. The Articles of Organization were filed on	//18/08 and assigned document number
L08000039255	and assigned document number
3. The date the dissolution was approved:	/11/09
4. A description of occurrence that resulted in the limit	ed liability company's dissolution pursuant to section
608.441, Florida Statutes, (copy 608.441 on back co	ver letter).
company inserve	
•	ZAR 7
	19 3
5. CHECK ONE:	35 4 C
	indicate the title in the second seco
·CR-	mited liability company have been paid or discharged.
Adequate provision has been made for the d	lebts, obligations and liabilities pursuant to s. 608.4421.
<ol><li>All remaining property and assets have been distributing rights and interests.</li></ol>	ited among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	any in any court.
Adequate provision has been made for the sentered against it in any pending suit.	atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
	InetiN towner

**FILING FEE: \$25.00**