L0800058956

•				
(Re	equestor's Name)	,		
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE

2011 JUL 21 PK 1: 3

EXAMINER

JUL 22 2011



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2011

DAVID GUNTEENS 23336 KEY LARGO LOOP LAND O' LAKES, FL 34639

SUBJECT: MEDICAL TRAVEL SOLUTIONS, LLC

Ref. Number: L08000058956

We have received your document for MEDICAL TRAVEL SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 511A00013754

2011 JUL 21 PM 1:8)

COVER LETTER

	on Section of Corporations		
SUBJECT:	Medical TRAVE (Name of L	L Solutions LLC Limited Liability Company)	
The enclosed Artic	eles of Dissolution and fee(s) are su	bmitted for filing.	
Please return all co	prrespondence concerning this matter	er to the following:	
_	David J. G	Name of Person)	
_	Centers 4	Health (Firm/Company)	
_		(Address)	
_	land D Lakes	FL 34639 y/State and Zip Code)	
For further informa	ation concerning this matter, please	e call:	
	wid Gunsteens (Name of Person)	at (<u>127</u>) <u>232</u> (Area Code & Daytime Teleph	none Number CR AHE AND
Enclosed is a check	for the following amount:		JUL 21 AHASSE
\$25.00 Filing Fee	30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	itificate of Status & It tificate of Status & It ditional copy (Status & It
]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2011 JUL 21 PM 1: 8.
SECRETARY OF STATE
ANASSEF, FLORIC

1. The name of a limited liability company is	
Medical TRAVEL Solution	ns le
2. The Articles of Organization were filed on	6/2008 and assigned document number
3. The date the dissolution was approved: 12/.	
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover	lability company's dissolution pursuant to section letter).
Pursuant To Section 608.	141(1)(c), All members
egyest the dissolution	company hereby agree and
5. CHECK ONE:	
All debts, obligations and liabilities of the limite -OR-Adequate provision has been made for the debts	ed liability company have been paid or discharged. s, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been distributed rights and interests.	among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company -OR-	
Adequate provision has been made for the satisf entered against it in any pending suit.	faction of any judgment, order or decree which may be
Signatures of the members having the same percentage of men	nbership interests necessary to approve the dissolution:
Signature	Printed Name
Chift Maners, mo	ChrisTopher Manion Mi
Da	Christopher Manion, Me DAVID Gunsteens

FILING FEE: \$25.00 - Pleasenate - You are in Receipt OF A \$35.00 Filing