

L08VVV064971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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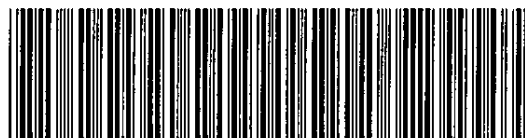
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
09 APR 22 PM 1:46
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 APR 22 PM 3:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 22 2009

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 967151 7657849

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
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TALLAHASSEE, FLORIDA

ORDER DATE : April 21, 2009

ORDER TIME : 11:56 AM

ORDER NO. : 967151-005

CUSTOMER NO: 7657849

DOMESTIC FILINGS

NAME: HEALTH INTEL PARTNERS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT# 2928

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
HEALTH INTEL PARTNERS, LLC

2. The Articles of Organization were filed on 03-JUL-2008 and assigned document number
2733627 1080000064971

3. The date the dissolution was approved: 06-Apr-1-2009

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).

Consent of all members (Eric Rose, Jeff Hudson)

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

[Signature]

Eric w Rose

[Signature]

Jeff Hudson

FILING FEE: \$25.00