

L08000065229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

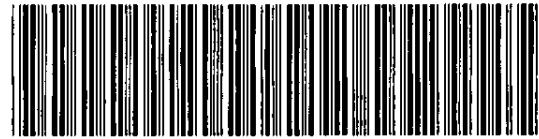
(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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J. SAULSBERRY
EXAMINER

28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Superior Healthcare Management, 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:

Kenneth Nielson

(Name of Person)

Nielson Financial Services, Inc.

(Firm/Company)

901 East Washington St.

(Address)

Orlando, FL 32801

(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Cy Pizam

(Name of Person)

at (407) 454-9096

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

ρ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$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

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

1. The name of a limited liability company is
Superior Healthcare Management, LLC

2. The Articles of Organization were filed on 7/3/2008 and assigned document number
L08000065229

3. The date the dissolution was approved: _____

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).

Ceased operations in 10/2012.

5. CHECK ONE:

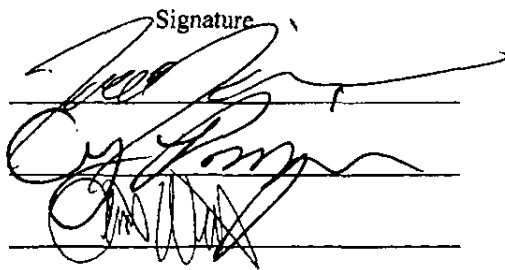
- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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

Kenneth Nielson

Cy Pizam

Clint Wells

FILING FEE: \$25.00

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STATE OF FLORIDA
TALLAHASSEE COUNTY

FILED