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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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2011 JAN-3 AM 9: 48
SECRETARY OF STATE
TAILAHASSEE, FLORIGI

JAN, - 4 2011 EXAMINER

COVER LETTER

SUBJECT: HAUTER MEDICAL LEC (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:	
.,	
ANN C HAUTER-NICHOLS	
(Name of Person)	
(Firm/Company)	
2320 SETON LN	
(Address)	
LARGO FL 33774-1019	2011
(City/State and Zip Code) (City/State and Zip Code)	JAN -3
For further information concerning this matter, please call:	<u>.</u>
TIMOTUNE DIOTODOCIUS 707 201 1200 50	
	<u> </u>
TIMOTHY D RISTORCELLI at (727) 381-1200 (Area Code & Daytime Telephone Number)	. eo
(Name of Person) at (121) 361-1200 (Area Code & Daytime Telephone Number)	
at (

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

 The name of a limited liability company is HAUTER MEDICAL LLC 	
2. The Articles of Organization were filed on L08000069198	and assigned document number
3. The date the dissolution was approved: 12/20/2010	·
4. A description of occurrence that resulted in the limited liabil 608.441, Florida Statutes, (copy 608.441 on back cover letter WRITTEN CONSENT OF ALL THE MEN	lity company's dissolution pursuant to section or). MBERS OF THE LIMITED
LIABILITY COMPANY.	
	7A S T A S T
5. CHECK ONE:	- 3 F
All debts, obligations and liabilities of the limited li -OR- Adequate provision has been made for the debts, ob	77
All remaining property and assets have been distributed amorights and interests.	ong its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the company in a	•
Adequate provision has been made for the satisfacti entered against it in any pending suit.	on of any judgment, order or decree which may be
Signatures of the members having the same percentage of members	rship interests necessary to approve the dissolution:
Signature 1	Printed Name
· Wastr/Viv	ANN C HAUTER-NICHOLS

FILING FEE: \$25.00