| <i>2</i> |
|---|
| (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: |

L. SELLERS

FEB 24 2009

EXAMINER

Office Use Only



100144153261

02/23/09--01012--025 **25.00

COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Southland Medical Solutions of Andulusia, PL |
| (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: |
| l in de MA Dell |
| Linda M. Bell |
| (Name of Person) |
| Southland Medical Solutions of AL, PL |
| (Firm/Company) |
| 7004 NW 52 Terrace |
| (Address) |
| Gainesville, FL 32653 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Linda Bell _{at (} 352) 375-8009 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate of |

MAILING ADDRESS:

TO:

Registration Section

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

FILED 09 FEB 23 AM 8: 23

| 1. The name of a limited liability company is | SECHLIMI. III SIMI TALLAHASSEE FLORIE |
|---|--|
| Southland Medical Solutions of Andulusia | ı, PL |
| 2. The Articles of Organization were filed on August 29 L08000082945 | and assigned document number |
| 3. The date the dissolution was approved: February 17, | 2009 |
| 4. A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover lett Decision made to not do business under | |
| | |
| 5. CHECK ONE: | |
| All debts, obligations and liabilities of the limited language of the limited language. Adequate provision has been made for the debts, of | • |
| All remaining property and assets have been distributed am 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 satisfact entered against it in any pending suit. | tion of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of members | ership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Signature | Paul D. Hart, MGR |
| | Southland Medical Solutions |
| | AL, PL, MGRM |
| | |
| | |

FILING FEE: \$25.00