

W08000110934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

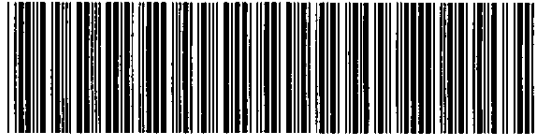
(Document Number)

Certified Copies _____ Certificates of Status _____

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12/08/08--01048--024 **175.00

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2008 DEC - 8 PM 2: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

James Karl & Associates

678 Bald Eagle Drive - Marco Island, Florida 34145
(239) 642-9988 - Fax: (239) 394-7745 - jim@karllawfirm.com

December 5, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Dissolution & Conversion;

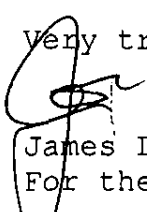
Dear Sir or Madam:

The following documents have been submitted for your review. Naples Health Care Specialists, LLC was created on 12/3/08 without the appropriate documentation for conversion of Naples Health Care Specialists, Inc. We are submitting the following documents for dissolution of Naples Health Care Specialists, LLC along with the Certificate of Conversion and Articles of Organization for the conversion to be completed correctly.

We have also enclosed a check in the amount of \$175 for the \$25 Dissolution fee, \$25 Conversion fee, and \$125 Florida Articles of Organization fee.

Thank you for your prompt attention to this matter. If you have any further questions please feel free to contact us.

Very truly yours,


James L. Karl II, Esq.
For the firm

JLK/jg

cc: client file

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples Health Care Specialists, 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:

James L. Karl, Esq.
(Name of Person)
James Karl + Associates
(Firm/Company)
678 Bald Eagle Dr
(Address)
Marco Island FL 34145
(City/State and Zip Code)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

James L. Karl, Esq. at (239) 642-9988
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$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

Naples Health Care Specialists, LLC

2. The Articles of Organization were filed on 12/3/08 and assigned document number

108000110934

3. The date the dissolution was approved: 12/5/08

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).

Certificate of Conversion not submitted with Articles of Organization.

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TALLAHASSEE, FLORIDA

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

Carde L. Mojave

Printed Name

Carde Mojave