

LO9000000740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

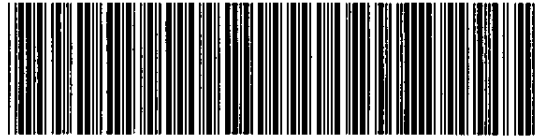
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

A. LUNT
FEB 12 2009
EXAMINER

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01/30/09--01012--009 **25.00

2009 FEB 11 PM 3:23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 2, 2009

WALTER L. BROWN
5720 67TH AVE. N.
PINELLAS PARK, FL 33781

SUBJECT: ASSOCIATION FOR HEALTHCARE PROFESSIONALS LLC
Ref. Number: L09000000740

We have received your document for ASSOCIATION FOR HEALTHCARE PROFESSIONALS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 809A00003693

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Association For Heathcare Professionals
(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:

Walter L. Brown
(Name of Person)
Association For Heathcare Professionals
(Firm/Company)
5720 67th Ave. N
(Address)
Pinellas Park, FL 33781
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Walter L. Brown at (727) 289-4816
(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

Association For Healthcare Professionals LLC

2. The Articles of Organization were filed on 01/05/2009 and assigned document number L09000000740

3. The date the dissolution was approved: 01/25/2009

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).

We are a non-profit organization not an LLC

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TALLAHASSEE, FLORIDA
CLERK OF DISTRICT COURT

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

Walter L. Brown

Walter L. Brown