# L0900018029

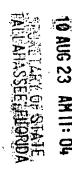
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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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S. HAWKES

AUG 2 4 2010

EXAMINER

# **COVER LETTER**

PO: Registration Section Division of Corporations
SUBJECT: WEST WATER MEDICAL CENTER, 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:
EMMANUEL G. ACOSTA
(Name of Person)
WEST WATER MEDICAL CENTER, LLC.
(Firm/Company)
3550 WEST WATERS AVENUE, # 108
(Address)
TAMPA, FL 33614
(City/State and Zip Code)
For further information concerning this matter, please call:
EMMANUEL G. ACOSTA at 407 , 448-7293
EMMANUEL G. ACOSTA at (407) 448-7293 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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

	CERRIARY 24 2000
2. The Articles of Organization were filed on _	and assigned document number
L09000018029	
3. The date the dissolution was approved: At	JGUST 15, 2010 🙀 📒 🔠
4. A description of occurrence that resulted in 608.441, Florida Statutes, (copy 608.441 on	the limited liability company's dissolution pursuant to section back cover letter).
CEASED BUSINESS OPERA	TIONS 型名 主
5. CHECK ONE:	
	of the limited liability company have been paid or discharged.
-OR-	for the debts, obligations and liabilities pursuant to s. 608.4421.
<b>—</b>	
rights and interests.	n distributed among its members in accordance with their respective
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 su	it.
gnatures of the members having the same perce	ntage of membership interests necessary to approve the dissolution:
Signature	Printed Name
Solat	EMMANUEL G. ACOSTA
	EIVINANUEL G. ACCOTA
<u> </u>	
C 20 2	
( )a ,x	

**FILING FEE: \$25.00**