Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000256555 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALLEN DELL, P.A. Account Number : 120040000136

Phone

: (813)223-5351

Fax Number

: (813)229-6682

LLC DISSOLUTION OR WITHDRAWAL FIRST-STAT LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

COV 2 1 2013

T. HAMPTON

11/20/2013

11/20/2013 08:37 ____#787 P.002/002

FILED

2013 NOV 20 AM 7: 54

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| 2. The Articles of Organization were filed on Feb. L09000018251 | bruary 24, 2009 and assigned document numbe | |
|--|---|---------------|
| 3. The date the dissolution was approved: $\frac{11/31/13}{}$ | | |
| 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). All of the members of the limited liability company have voluntarily consented in writing to the dissolution of the entity. See 608.441(1)(c). | | |
| | | 5. CHECK ONE: |
| (B) All debts, obligations and liabilities of d | he limited liability company have been paid or discharged. the debts, obligations and liabilities pursuant to s. 608.4421. | |
| All remaining property and assets have been dist rights and interests. | tributed among its members in accordance with their respectiv | |
| CHECK ONE: There are no suits pending against the co | ompany in any court. | |
| -OR- | he satisfaction of any judgment, order or decree which may be | |
| | e of membership interests necessary to approve the dissolution | |
| natures of the members having the same percentage | | |
| natures of the members having the same percentage Signature | Printed Name | |
| | Printed Name Medicor Healthcare, Inc. (Sole Member) | |
| | | |