

LO9000027634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

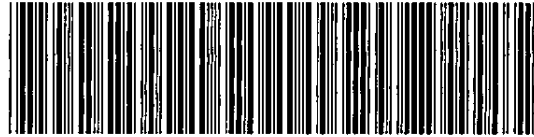
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800146726978

03/26/09--01012--018 \*\*25.00

FILED  
09 MAR 26 AM 11:39  
SECRETARY OF STATE  
TALAMON/STEELE/GRUBB

S. HAWKES

MAR 27 2009

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ND Health Group, 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:

Richard McPeak

(Name of Person)

ND Health Group, LLC

(Firm/Company)

380 S. SR 434 Suite 1004-150

(Address)

Altamonte Springs, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard McPeak

(Name of Person)

at ( 407 ) 949-8700

(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  
ND Health Group, LLC

2. The Articles of Organization were filed on March 20, 2009 and assigned document number L09000027634

3. The date the dissolution was approved: March 24, 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).  
Dissolution was authorized according to the terms of the operating agreement of the Company.

**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

Richard McPeak

Printed Name

Richard McPeak

FILED  
09 MAR 26 11:39  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE