

LD9000054987

(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



700177888227

04/30/10--01023--021 **30.00

FILED
2010 APR 30 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAY 3 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FORDE GROUP HEALTHCARE, 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:

COLIN FORDE

(Name of Person)

The FORDE GROUP

(Firm/Company)

19046 BRUCE B. DOWNS BLVD. #57

(Address)

TAMPA FL 33647

(City/State and Zip Code)

For further information concerning this matter, please call:

MR. COLIN FORDE

(Name of Person)

at (866) 923-5168

(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

FILED

2010 APR 30 PM 12:54

1. The name of a limited liability company is
FORDE GROUP HEALTHCARE, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 06/05/2009 and assigned document number
L09000054987

3. The date the dissolution was approved: 4/20/2010

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).

Pursuant to Section 608.441(c) the sole member has manifest his intent and consent to dissolve said entity
in writing.

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:



Printed Name
COLIN FORDE

FILING FEE: \$25.00