

LO9000 068330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

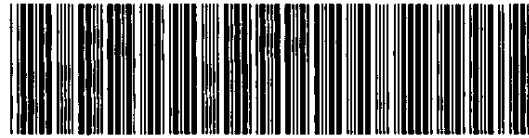
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

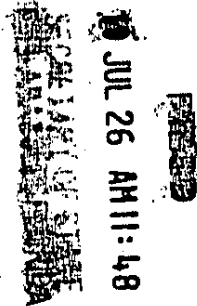
Special Instructions to Filing Officer:

Office Use Only



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07/26/10--01008--009 **25.00



S. HAWKES
JUL 27 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PrimeCare Family Medicine
(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:

Yvette Anderson
(Name of Person)

PrimeCare at Twin Lakes
(Firm/Company)

1890 hPGA Blvd Suite 130
(Address)

Daytona Beach, FL 32117
(City/State and Zip Code)

For further information concerning this matter, please call:

Yvette Anderson at (386) 274-2212
(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**

JUL 26 AM 11:48

1. The name of a limited liability company is
PrimeCare Family Medicine, LLC
2. The Articles of Organization were filed on 7-15-09 and assigned document number
L09000068330.
3. The date the dissolution was approved: _____
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).

5. CHECK ONE:

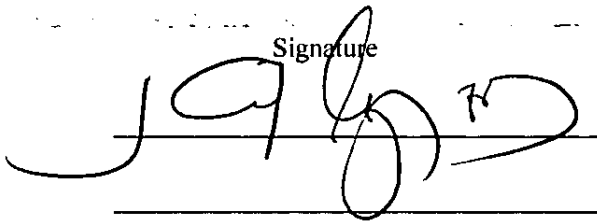
- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
- OR-
- Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

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
Johnsie Carol Grigg, MD.

