

L09000077397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

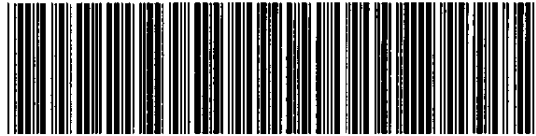
(Business Entity Name)

(Document Number)

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B. KOHR

MAY 12 2010

EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 10 AM 8:43

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BEST HEALTH CARE OF BELLEGLADE, PLLC.  
(Name of Limited Liability Company)

RECEIVED STATE  
DIVISION OF CORPORATIONS  
10 MAY 10 AM 8:44

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MYRIONE LOUIS

(Name of Person)

MYR'S MANAGEMENT SERVICES

(Firm/Company)

1040 SUMMIT PLACE CIR, UNIT D

(Address)

WEST PALM BEACH, FL 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

MYRIONE LOUIS

(Name of Person)

at ( 561 ) 2940958

(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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAY 10 AM 8:44

1. The name of a limited liability company is

BEST HEALTH CARE OF BELLE GLADE, PLLC

2. The Articles of Organization were filed on 08/12/2009

and assigned document number

L09000077397

3. The date the dissolution was approved: 08/12/2009

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).

BUSINESS IS CLOSING.

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

x Dr. Mitchell G. Jomsky

Printed Name

DR. MITCHELL G. JOMSKY