

L09000/18040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

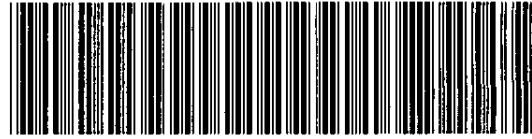
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600188422156

12/09/10--01021--013 \*\*55.00

FILED  
2010 DEC -9 PM 1:59  
TALLAHASSEE FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 10 2010

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Total Medical Express of Boynton Beach, 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:

John Van De Warker  
(Name of Person)  
  
(Firm/Company)  
  
7900 Glades Rd. Suite 440  
(Address)  
  
Boca Raton FL 33434  
(City/State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC -9 PM 1:59

FILED

For further information concerning this matter, please call:

John Van De Warker at ( 561 ) 702-0334  
(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**

1. The name of a limited liability company is  
Total Medical Express of Boynton Beach, LLC

2. The Articles of Organization were filed on December 11, 2009 and assigned document number  
L09000118040

3. The date the dissolution was approved: 12/1/10

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).  
Loss of business income

2010 DEC -9 PM 1:59  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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  
Arnold Aaron  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name  
Arnold Aaron  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_