

L10000000569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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FEB 22 2010

EXAMINER



400163768534

02/19/10--01035--006 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 FEB 19 PM 1:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Medical Services, 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:

S.A. Sommers
(Name of Person)

(Firm/Company)

17520 SW 73 Ct.
(Address)

Palmetto Bay, FL 33157
(City/State and Zip Code)

For further information concerning this matter, please call:

S. Allison Sommers at (305) 510 3285
(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

10 FEB 19 PM 1:10

1. The name of a limited liability company is

Orlando Medical Services, LLC

2. The Articles of Organization were filed on 1/4/10 and assigned document number

L10000000569

3. The date the dissolution was approved: 2/15/10

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).

(c) - 608.441 - Upon written consent of
all of the members of the LLC.

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

[Signature]

Susan Allison Sommers

FILING FEE (\$25.00)