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S. HAWKES

MAY 2 4 2010

EXAMINER

COVER LETTER

Division of Corporations		
SUBJECT: Data Health Systems, 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:		
Tony McDowell		
(Name of Person)		
Data Escrow Security		
(Firm/Company)		
1910 Buford Blvd Ste A		
(Address)		
Tallahassee, FL 32308		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Tony McDowell at 850 656-6403		
(Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

TO: Registration Section

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

2 2 2
and assigned document number
10
ed liability company's dissolution pursuant to section over letter).
nsented to the dissolution of the limited
imited liability company have been paid or discharged.
lebts, obligations and liabilities pursuant to s. 608.4421.
ated among its members in accordance with their respective
pany in any court.
atisfaction of any judgment, order or decree which may be
membership interests necessary to approve the dissolution:
Printed Name
Tony McDowell
Kenneth K. Allen

FILING FEE: \$25.00