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T. CLINE
DEC - 2 2010
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: EZ MED-TRANSPORT 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:			
Monique Temini (Name of Person)			
(Firm/Company) SECRETARY OF COTOL RIGGE DYIVE # 184 (Address)			
COral Springs, Florida 33076 (City/State and Zip Code) For further information concerning this matter, please call:			
Monique Jemini at (561) 558-4720 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is	
EZ MED-TRANSPORT LLC	
2. The Articles of Organization were filed on3/L10000029086 3. The date the dissolution was approved:11/_2 4. A description of occurrence that resulted in the lim 608.441, Florida Statutes, (copy 608.441 on back of the lime	cover letter).
5. CHECK ONE:	
-OR-	limited liability company have been paid or discharged.
	debts, obligations and liabilities pursuant to s. 608.4421.
 All remaining property and assets have been distril rights and interests. 	buted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the com	npany in any court.
OR-	satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	of membership interests necessary to approve the dissolution:
Signature	Printed Name
Mongue gemini	Monique Jemini