

L10000039655

(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



800183109898

07/12/10--01002--018 **25.00

FILED
10 JUL 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 13 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medicaid Insurance of Frances 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:

MARCELA SESTER
(Name of Person)

4830 Apt # P MARINERS WAY
(Address)
COCONUT CREEK FL 33063
(City/State and Zip Code)

10 JUL 12 PM 3:53
RECEIVED
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

MARCELA SESTER at 954, 245-9499
(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

Medicaid Insurance & Finance Services LLC

2. The Articles of Organization were filed on 4-6-10 and assigned document number

MI0000039655

3. The date the dissolution was approved: 7-06-10

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).

I don't need a name of Corporation to
do my business.

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

Marcela Sester

Printed Name

MARCELA SESTER

FILED
10 JUL 12 PM 3:53
CLERK OF STATE
TALLAHASSEE, FLORIDA