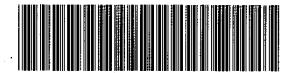
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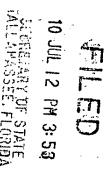
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	disasa)	·
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PICK-UP	WAIT	MAIL
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(Do	cument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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D. BRUCE

JUL 13 2010

**EXAMINER** 

#### COVER LETTER

	Division of Corporations	#* *
•	SUBJECT: Medicaid From France & France LLC (Name of Limited Liability Company)	
	(Name of Ellinted Ellisting 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)	
	•	
	(Firm/Company)	
-	LOSO TIPLA - LIARLINGES WILL	11
2'	(Address)	*** *******
	COCONUT CREEK 7/ 33063 3 (City/State and Zip Code)	ロコ
-	(City/State and Zip Code)	_
	For further information concerning this matter, please call:	
	MARCELA SESTER at 954 245-9499  (Name of Person) (Area Code & Davtime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	
	Enclosed is a check for the following amount:	
	\$55.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate of	

#### 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

1. The name of a limited liability company is	
Medicaid Insurai	uce & Friance Surices LLC.
2. The Articles of Organization were filed on 4-6	and assigned document number
3. The date the dissolution was approved:	10
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	ed liability company's dissolution pursuant to section ver letter).
d'devit need a name	e of Porporature to
do ney bevines.	ac of codes were
d	
5. CHECK ONE:	,
	ebts, obligations and liabilities pursuant to s. 608.4421.  ed among its members in accordance with their respective
☐-OR-	tisfaction of any judgment, order or decree which may be
gnatures of the members having the same percentage of r	membership interests necessary to approve the dissolution:
Signature	Printed Name
Medin	MARCELA SESTER
<del>-</del>	
•	ma P m
	Series Series