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EXAMINER



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SECRETARY OF STATE
ASSEE, FLORIDA

COVER LETTER

	stration Section sion of Corporations				
SUBJECT:	ARIA HEALTHCARE, LLC				
BODSECT.	(Name of Limited Liability Company)				
The enclosed	Articles of Dissolution and fee(s) are	submitted for filing.			
Please return a	all correspondence concerning this ma	tter to the following:			
	SHAWN THORPE				
	(Name of Person)				
í	COASTAL BAY HEALTH SERVICES				
	(Firm/Company)				
,	10151 DEERWOOD PARK BOULEVARD BUILDING 200, SUITE 250				
	(Address)				
	JACK	SONVILLE FL 32256			
	(C	City/State and Zip Code)			
For further inf	ormation concerning this matter, pleas	se call;			
	SHAWN THORPE	at (336) 4147504			
	(Name of Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a ch	eck for the following amount:				
\$25.00 Filing	Fee 30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee, Certified Copy 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 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		
ARIA HEA	ALTHCARE, LLC	
2. The Articles of Organization were filed on	05/07/2010	and assigned document number
3. The date the dissolution was approved:	12/09/2010	
4. A description of occurrence that resulted in the life 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's d	lissolution pursuant to section
COMPANY IS NO LONGER DOING BUSIN		-1
		66 -
:		金田 東 日
		SE O
5. CHECK ONE:		
All debts, obligations and liabilities of th	e limited liability company	have been paid of thecharged.
OR-Adequate provision has been made for the		₩, —
 All remaining property and assets have been distrights and interests. 	, ,	•
7. CHECK ONE:		
There are no suits pending against the co	mnany in any court	
OR- Adequate provision has been made for the entered against it in any pending suit.		ent, order or decree which may be
gnatures of the members having the same percentage	of membership interests ne	ecessary to approve the dissolution:
Signature Printed Name		Printed Name
Mylhal	SHAWN TH	HORPE

	namental and the state of the s	