

L10000062108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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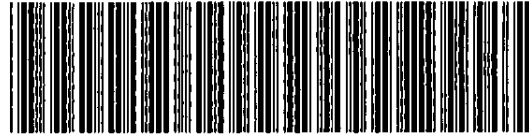
(Business Entity Name)

(Document Number)

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12 MAY -2 PM 4:20
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TALLAHASSEE, FLORIDA

B. BOSTICK
MAY - 4 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Phoia life care referral services, 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:

Abbas A. Suliman
(Name of Person)

(Firm/Company)

P.O. Box 151251
(Address)

Altamonte Springs, FL 32715
(City/State and Zip Code)

For further information concerning this matter, please call:

Abbas Suliman at (407) 615-6120
(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

12 MAY -2 PM 4:20
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Choice Life Care Referral Service, LLC

2. The Articles of Organization were filed on 06/10/2010 and assigned document number

110000062108

3. The date the dissolution was approved: 03/01/2012

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).

This LLC company was under supervision of one owner/manager (M.E.R.M.) who signed a termination letter stating that this time and cannot be any more active before he completes his medical treatments.

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

Printed Name

A. A. Suliman

Abbas A. Suliman

ABBAS A. SULIMAN 06-97
P.O. BOX 151251
ALTAMONTE SPRINGS, FL 32715

471

Date 04/30/2012 63-27/831 FL 402

Pay to the
order of

Florida Department of State \$ 30.00

THIRTY AND 00/100
Bank of America

Dollars

ACH R/T 063100277

For Voluntarily Diss. 110000062108 A. A. Suliman

⑆063100277⑆ 003434784203⑆ 0471