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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

T. CLINE
MAY - 5 2011
EXAMINER

1/381

COVER LETTER

Division of Corporations
SUBJECT: Role Dearl Life + Health UC (Name of Limited Liability Company)
(Name of Emiliea Blacking Company)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Firm/Company)
Me Me Me Service (Address) ARREST SARREST SAR
For further information concerning this matter, please call:
(Name of Person) at (S1) 80 (-613 7) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee 30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status 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	Health
2. The Articles of Organization were filed on	and assigned document number
3. The date the dissolution was approved: 4. A description of occurrence that resulted in the limited liability company's district of the dis	SECRETARY TALL AND TA
4. A description of occurrence that resulted in the limited liability company's di 608.441, Florida Statutes, (copy 608.441 on back cover letter).	ASSET
	TATE ORIDA
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 judgme entered against it in any pending suit.	ent, order or decree which may be
Signatures of the members having the same percentage of membership interests nec	cessary to approve the dissolution:
Signature	Printed Name