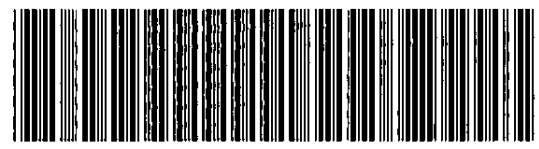


L10000085676



300189996793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

01/06/11--01036--010 **25.00

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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JAN 10 2011
EXAMINER

COVER LETTER

TO: Registration Section
+ Division of Corporations

SUBJECT: Complete Mobile Healthcare, 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:

Sharon A. Bridges
(Name of Person)

Complete Mobile Healthcare, LLC
(Firm/Company)

1111 Arbor Hill Cir.
(Address)

Minneola, FL 34715
(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon A. Bridges at (352) 223-7779
(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
Complete Mobile Healthcare, LLC
2. The Articles of Organization were filed on August 16, 2010 and assigned document number
L10000085676
3. The date the dissolution was approved: January 1st, 2011
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).
Sole managing member has taken employment
elsewhere and does not want to pursue
the development or sustaimment of this LLC.

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
Sharon A. Bridges

Printed Name
Sharon A. Bridges

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILING FEE: \$25.00