L100000)85956

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COVER LETTER.

TO: Registration Section Division of Corporations
SUBJECT: Air Travel Nurse 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 Morley (Name of Person)
Air Travel Nurse (Firm/Company)
18 Primrose Drive (Address)
Seekonk, MASSachusetts of (City/State and Zip Code)
For further information concerning this matter, please call:
Sharm Monley at (508). 336.9236 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount: \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & 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	i de la companya de
Air Travel Nurs	e LLC
2. The Articles of Organization were filed on Aug. L1000085956 9111	
3. The date the dissolution was approved: 4/8/1	<u>II </u>
4. A description of occurrence that resulted in the limited li 608.441, Florida Statutes, (copy 608.441 on back cover	iability company's dissolution pursuant to section letter).
No sufficie	nT toNO Available
to ADvertise	AND Market LLC.
-OR-Adequate provision has been made for the debts 6. All remaining property and assets have been distributed rights and interests. 7. CHECK ONE: There are no suits pending against the company -OR-	
Signatures of the members having the same percentage of men Signature	mbership interests necessary to approve the dissolution Printed Name
Shanmon bey	Sharon Morle

FILING FEE: \$25.00