

#L10000109203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

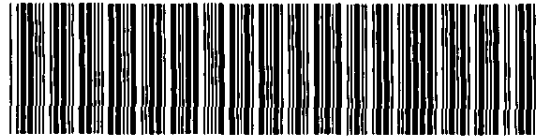
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700253651427

FILED  
13 NOV 15 AM 11:52  
CLERK OF STATE  
PALM BEACH, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
13 NOV 15 PM 2:04

K. SALY  
EXAMINER  
NOV 18 2013

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

---

**DATE: 11/15/13**

**NAME: ISPM OF FLORIDA, LLC**

**TYPE OF FILING: DISSOLUTION**

**COST: 25.00**

**RETURN: PLAIN COPY PLEASE**

---

**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

---

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
13 NOV 15 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ISPM of Florida, LLC

2. The Articles of Organization were filed on 10/19/2010 and assigned document number  
L10000109203

3. The date the dissolution was approved: November 15, 2013

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).

Upon the written consent of all of the members of the limited liability company.

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.

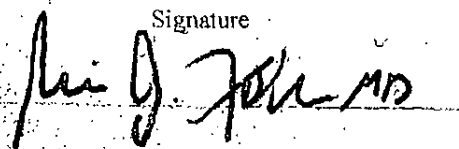
6. All remaining property and assets have been distributed among its members in accordance with their respective  
rights and interests.

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

Robin J. Fowler, M.D.