

L11 0000 16342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

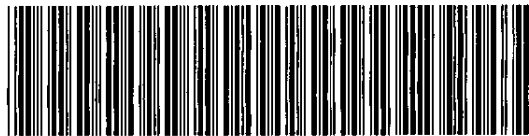
(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Wge
CC

B. KOHR
MAY 25 2011
EXAMINER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAY 20 PM 1:48



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 784287 7817564

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAY 20 PM 1:48

ORDER DATE : May 19, 2011

ORDER TIME : 8:14 AM

ORDER NO. : 784287-005

CUSTOMER NO: 7817564

DOMESTIC FILINGS

NAME: WARNER WOUND PHYSICIANS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is
WARNER WOUND PHYSICIANS, LLC

2. The Articles of Organization were filed on 02/08/2011 and assigned document number
L11000016342

3. The date the dissolution was approved: 05/19/2011

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).

BUSINESS NEVER COMMENCED.

BUSINESS NEVER STARTED.

NOTHING TOOK PLACE.

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. 608.441.

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

MARK RODZ, MEMBER