## 111000036258

(Re	questor's Name)		
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(City/State/Zip/Phone #)			
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(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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Office Use Only



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J. SAULSBERRY EXAMINER

JAN 12 2012

## **COVER LETTER**

Division of Corporations
SUBJECT: Huffman Healthcare Consulting UC
(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:
Joseph Huffman (Name of Person)
2011 TAL
(Firm/Company)
(Firm/Company)  Stanford, FL 32771  (City/State and Zip Code)  (Firm/Company)  AND THE STATE OF STATE
(Address)
Sanford, FL 32771 (City/State and Zip Code)  (Address)  (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Jacob 44 Aman 321 696-2024
Soseph Huffman at (321) 696-2024 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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  Huffman Healthcare Co	onsulting, UC	SEE B
2. The Articles of Organization were filed on <u>Marc</u> L 11000036258	9	igned document number
3. The date the dissolution was approved: $\frac{12/3}{3}$	0/11	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution per letter).	pursuant to section
No business transactions is		
relocating to Texas.		
5. CHECK ONE:  All debts, obligations and liabilities of the line of the line of the line of the december of t	• •	
<ol><li>All remaining property and assets have been distribu- rights and interests.</li></ol>	ted among its members in accordar	nce with their respective
7. CHECK ONE:		
There are no suits pending against the compa-OR- Adequate provision has been made for the sa entered against it in any pending suit.	•	or decree which may be
ignatures of the members having the same percentage of i	membership interests necessary to	approve the dissolution:
Signature	Printed 1	Name
Joseph Joffman.	Joseph Hu	Hinan_

FILING FEE: \$25.00