

LL000097861

(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



300234654193

05/04/12--01013--015 \*\*25.UU

2012 MAY -4 PM 1:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T CLINE

MAY - 8 2012

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AirCare Providers, 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:

James Butler

(Name of Person)

(Firm/Company)

2711 Keator St

(Address)

Tallahassee, FL 32310

(City/State and Zip Code)

For further information concerning this matter, please call:

James Butler

(Name of Person)

at ( 850 ) 728-6840

(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 MAY -4 PM 1:00

FILED

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

1. The name of a limited liability company is

AirCare Providers, LLC

2. The Articles of Organization were filed on 8-25-2011 and assigned document number

L11000097861

3. The date the dissolution was approved: 12/30/2012

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).

Client discontinued services, unable to secure additional clients

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 section 608.441.

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

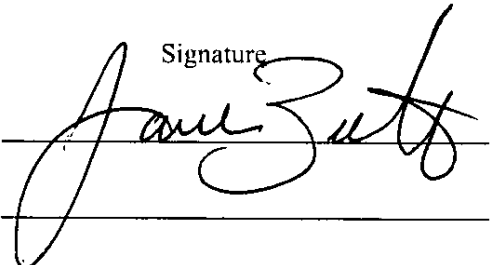
7. CHECK ONE:

- ☒ 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.

FILED  
2013 MAR -4 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature



Printed Name

James Butler