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(Requestor's Name)				
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☐ PICK-UP	☐ WAIT	MAIL		
	Business Entity Name)			
(,	Dusiness Littly Harrie			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: DGA Jr. Medical Leasing, LLC (Name of Limited Liability Company)				
(Name of Ellinted Elaotity Company)				
The enclosed Articles of Dissolution and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Diane E. Michael				
(Name of Person) DGA Jr. Medical Leasing, LCC				
ONCE TO THE OWN OF THE PARTY OF				
(Firm/Company)				
PO Box H292 (Address)				
Ormand Beach, 72 32175 (City/State and Zip Code)				
For further information concerning this matter, please call:				
Diane E Michael at (386) 538-1088 (Area Code & Daytime Telephone Number)				
(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 & Certificate of Status Certificate of Status Certificate of Status 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is DGA JV. Mcdical Le	racina		
2. The Articles of Organization were filed on 1 4 L \ 200005713	/12	_ and ass	signed document number
3. The date the dissolution was approved: Septei	nber 30, 20	اکر	
4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov	d liability company's dis er letter).	solution	pursuant to section
lack of business, -		the	ad
		,	
5. CHECK ONE: All debts, obligations and liabilities of the ling OR-Adequate provision has been made for the defendance of the defendance	ebts, obligations and liabled among its members in any court.	ilities pui n accorda	rsuant to s. 608.4421. nce with their respective
Signatures of the members having the same percentage of r	nembership interests nec	_	
Signature		Printed	Name
Dane E. Michael	Diane	E.	MEGRAEI
			AAA SEP
			27 35EE
			GF STA
	 		TD H 3: 59 F STATE FLORIDA