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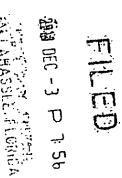
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: La Famille Medical Group (Name of Limited Liability Company)	<u>L</u> LC
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
IRIS HARTINEZ	
(Name of Person)	
(FirmCompany)	
16571 SW 49th Cf	
(Address)	
Miramar, FL 33027	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Ters Plantine Z at (786) 651-4412 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55,00 Filing Fee, Certificate of Dissolution & 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 第90EC -3 P 15

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

., . . .

1. The name of a limited liability company is La Famille Medical Group, UC	
2. The Articles of Organization were filed on	
document number <u>L17 000 2183</u> 75	
3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	
 A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). 	
Partnership dissolution	
agreenent.	
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:	
Noel De J. Fernmdez	
16571 Sw 49th Cf	
Miranor Fr 33027	
6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:	
World J Fernande Z & J	
FILING FEE: \$25.00	