

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : WELLCARE HEALTH PLANS, INC.
Account Number : 120050000188
Phone : (813) 290-6226
Fax Number : (813) 290-6210

LLC DISSOLUTION OR WITHDRAWAL

**COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA,
I.C.**

Certificate of Status	0
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Page Count	02
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J. BRYAN

AUG 27 2010

EXAMINER

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

1. The name of a limited liability company is

COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.2. The Articles of Organization were filed on JUNE 30, 1994

and assigned document number

L940000003063. The date the dissolution was approved: JUNE 17, 2010

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).

608.441(c) upon the written consent of all of the members of the limited liability company

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. 608.4421.

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

*Lisa Iglesias*THE WELLCARE MANAGEMENT GROUP, INC.LISA IGLESIAS, SECRETARY

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