## L970000000263

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SECRETARY OF STATE

J. BRYAN

JAN 11 2011

**EXAMINER** 

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Phantom Medical Leasin (Name of L	imited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are sul	bmitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Jonna Brown	ma e	
1	(Name of Person)	<u>-</u>
Lydian Private Bank	LAH	1 JAN 10 PH 2: 35
	(Firm/Company)	5 1
2000 PGA Boulevard,	Suite 2104	强
	(Address)	ين
North Palm Beach, Flo	rida 33408 👙	
(City	y/State and Zip Code)	
For further information concerning this matter, please	call:	
Jonna Brown	,, 561 \ 691-3492	
(Name of Person)	at (	
Enclosed is a check for the following amount:  \$25.00 Filing Fee   30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	sed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327	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

A LIMITED LIAI  1. The name of a limited liability company is	F DISSOLUTION OR BILITY COMPANY  FIGURE 1
Phantom Medical Leasing, LLC	
2. The Articles of Organization were filed on L97000000263	1 4, 1997 and assigned document number
3. The date the dissolution was approved: Decemb	per 22, 2010
4. A description of occurrence that resulted in the limit 608.441, Florida Statutes, (copy 608.441 on back co	ed liability company's dissolution pursuant to section
longer needed for its original purpose of leasing	dialysis equipment. Pursuant to Section 608.441 (c),
Phantom Medical Leasing, LC shall be dissolved.	<u> </u>
-OR-Adequate provision has been made for the defendance of the def	mited liability company have been paid or discharged. ebts, obligations and liabilities pursuant to s. 608.4421. ted among its members in accordance with their respective any in any court. atisfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
Manager . Manager	Brenda Spira, Manager

**FILING FEE: \$25.00** 

## RESOLUTION AND CONSENT OF THE SOLE MEMBER OF PHANTOM MEDICAL LEASING, LC

WHEREAS, Lawrence R. Spira was the sole Member of Phantom Medical Leasing, L.C. (the "Company"); and

WHEREAS, Lawrence R. Spira died on August 30, 2009; and

WHEREAS, Lydian Private Bank has been appointed Personal Representative of the Estate of Lawrence R. Spira; and

WHEREAS, Lydian Private Bank, as Personal Representative of the Estate of Lawrence R. Spira, appoints Brenda Spira as the successor Manager of the Company; and

WHEREAS, Lydian Private Bank, as Personal Representative of the Estate of Lawrence R. Spira, as the sole Member and Brenda Spira, as the successor Manager, desire to dissolve the Company.

**NOW, THEREFORE**, the undersigned, as the sole Member of the Company and the successor Manager of the Company, approve and consent to the appointment of Brenda Spira, as successor Manager and the dissolution of the Company.

**IN WITNESS WHEREOF**, the undersigned have executed this Resolution and Consent as of this 22<sup>nd</sup> day of December, 2010.

Signed, sealed and delivered in the presence of

Witness

Witness

Witness

Witness

Lydian Private Bank, as Personal Representative of the Estate of Lawrence R. Spira, Sole Member

By: Jonna Brown

Brenda Spira, Successor Manager

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