

L9900000/469

Document Number Only

CT Corporation System  
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Tallahassee, FL 32301  
Tel 850 222 1092  
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Attn: Jeff Netherton

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-07/07/99--01042--022  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

CORPORATION(S) NAME

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Amax Plasma South, L.L.C.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                         | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |  |   |
| <input type="checkbox"/> Foreign             | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement                     |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report                     | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration                 | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name                   | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies                       | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem                   | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                         | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |  |   |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
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Examiner \_\_\_\_\_  
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07/07/99

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99 JUL - 7 AM 11:19  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

Handwritten signature and date: 7-7-99

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

1. The name of the limited liability company is: Amax Plasma South, L.L.C.

2. The effective date of the limited liability company's dissolution is upon filing

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

By unanimous written agreement of all members.

4. **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 608.4421.

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

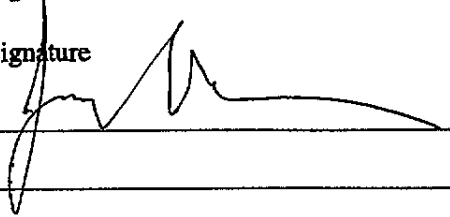
6. **CHECK ONE :**

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 all members:

Signature

  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typed or Printed name

Joseph Russo  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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