199000005907

(Requestor's Name)		
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PICK-UP	WAIT	MAIL
(Business Entity Name)		
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DEPARTHENT OF STATE OF CORPORATION OF CORPORATION 10: 4

B. KOHR

DEC 1 1 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 821535

7390554

08 DEC 11 PHILO: 53

AUTHORIZATION

COST LIMIT

ORDER DATE: December 10, 2008

ORDER TIME : 8:28 AM

ORDER NO. : 821535-020

CUSTOMER NO: 7390554

DOMESTIC FILINGS

NAME: SEMINOLE CARE, LLC

XX __ ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX _ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT# 2928

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

I. The name of a limited liability company is	0
Seminole Care, LLC	
2. The Articles of Organization were filed on Section 199000005907	eptember 21, 1999 and assigned document number
3. The date the dissolution was approved: 01/01/2	2009
4. A description of occurrence that resulted in the li- 608.441, Florida Statutes, (copy 608.441 on back	mited liability company's dissolution pursuant to section cover letter).
Sole managing member (Northern Health Faci	littles, Inc.) has directed the dissolution of this
limited liability company (see attached).	
5. CHECK ONE:	
	e limited liability company have been paid or discharged.
-OR- Adequate provision has been made for th	ne debts, obligations and liabilities pursuant to s. 608.4421.
6. All remaining property and assets have been distrights and interests.	ributed among its members in accordance with their respective
7. CHECK ONE;	
There are no suits pending against the co	empany in any court.
OR- Adequate provision has been made for the cutered against it in any pending suit.	ne satisfaction 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
Men alle	Roch Carter, Director and Vice President
	of sole member

FILING FEE: \$25.00