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| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Address) | | |
| (Address) | | |
| (Ci | ty/State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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TO ACKNOWLEDGE SUFFICIENCY OF FILING OFFARTMENT OF STATE OF STATE

B. KOHR
DEC 1 1 2008
EXAMINER



ACCOUNT NO. : 072100000032 REFERENCE: 821535 7390554 AUTHORIZATION _ COST LIMIT ORDER DATE: December 10, 2008 ORDER TIME : 8:32 AM ORDER NO. : 821535-055 CUSTOMER NO: 7390554 DOMESTIC FILINGS NAME: ORANGE PARK 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

| 1. The name of a limited liability company is | |
|--|--|
| Orange Park Care, LLC | |
| 2. The Articles of Organization were filed on Se | and assigned document number |
| 3. The date the dissolution was approved: 01/01/2 | |
| 4. A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 608.441 on back | mited liability company's dissolution pursuant to section cover letter). |
| Sole managing member (Northern Health Facil | |
| limited liability company (see attached). | |
| | |
| 5. CHECK ONE; | |
| | e limited Iiability company have been paid or discharged. |
| -OR- | e debts, obligations and liabilities pursuant to s. 608.4421. |
| 6. All remaining property and assets have been distri | ibuted among its members in accordance with their respective |
| rights and interests. | • |
| 7. CHECK ONE: | |
| There are no suits pending against the cos | • • • |
| Adequate provision has been made for the entered against it in any pending suit. | e 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 |
| MIN MUT | Roch Carter, Director and Vice President |
| | of sole member |
| | |
| | |
| | |
| | |

FILING FEE: \$25.00