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44- 4599 Chl

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: CARRABELLE MEDICAL CENTER, L.C. (Name of Limited Liability Company)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHARLES A. LEWIS (Name of Person)	
(Name of Person)	
(Firm/Company)	
602 RIVERVIEW DZ	 
602 RIVERVIEW DR LARRY DEC 29  (Address)  ASSET ARY	
	η
City/State and Zip Code)	J
For further information concerning this matter, please call:	
(Name of Person) at (850) 697-8379  (Area Code & Daytime Telephone Number)	
(Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

# 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

CAERABELLE	MEDICAL	CENTER	≥, - 2. (		
2. The Articles of Organization were filed L9980000 6599				igned docum	nent number
3. The date the dissolution was approved:  4. A description of occurrence that resulte 608.441, Florida Statutes, (copy 608.44  BUSINESS CLOSED  SETTLE ANY OUTST.	ed in the limited liab 41 on back cover let Aprel 20	oility company's ter).			Section 11
				REF	- 19
<ul> <li>6. All remaining property and assets have rights and interests.</li> <li>7. CHECK ONE:  There are no suits pending against adequate provision has been mentered against it in any pending.</li> </ul>	inst the company in	any court.			
gnatures of the members having the same p	percentage of memb	ership interests r	necessary to	approve the	dissolution:
Signature Cha Lu		· -··· C	Printed 1	\$ T.	
		· · • • • • • • • • • • • • • • • • • •			
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