

7/1/2020

L 06000092339

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000205251 3)))



H200002052513ABCR

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

2020 JUL -1
PH 12:12

LLC DISSOLUTION OR WITHDRAWAL
AMERICAN STRATEGIC HEALTHCARE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED
2020 JUL -1 AM 11:47

Electronic Filing Menu Corporate Filing Menu Help

SIJKER

JUL 01 2020

DocuSign Envelope ID: 14A0B2A5-8CA1-469D-8F46-B095BC3B7B99

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is American Strategic Healthcare Management, LLC

2. The Articles of Organization were filed on 09/20/2006 and assigned document number L060000092339

3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter). The contract that the entity was formed to perform ended.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Deanna Roy, 25 Enterprise Center, Middletown, RI 02842

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

DocuSigned by: Dennis F. Hardiman Signature

Dennis F. Hardiman, Manager Printed Name

FILING FEE: \$25.00