

LI 70000 93629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

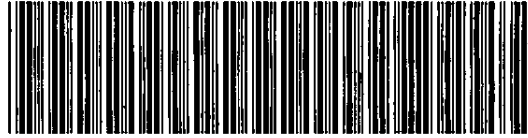
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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APR 25 2016  
J SHIVERS

FILED  
16 APR 22 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2016

SIRICHAJ ASSAPIMONWAIT  
7761 SW 145TH ST  
MIAMI, FL 33158

SUBJECT: 7 STARS QUALITY HEALTHCARE, LLC  
Ref. Number: L13000093629

We have received your document for 7 STARS QUALITY HEALTHCARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist III  
Registration/Qualification Section

Letter Number: 716A00007013

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Articles of Dissolution for 7 Stars Quality Healthcare, LLC

**DOCUMENT NUMBER:** L13000093629

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mr. Sirichai Assapimonwait

(Name of Contact Person)

(Firm/Company)

7761 SW 145th Street,

(Address)

Miami, FL 33158

(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Sirichai Assapimonwait

at ( 786-417-1500

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is  
7 STARS QUALITY HEALTH CARE, LLC

2. The Articles of Organization were filed on 7/1/2013 and assigned  
document number L13000093629

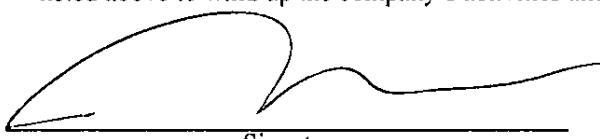
3. The delayed effective date the dissolution if not effective on the date of filing: date of filing  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing 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).  
NO LONGER DOING BUSINESS SINCE 2013

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
MR. SIRICHAI ASSAPIMONWAT  
7761 SW 145th ST.  
MIAMI, FL 33158

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DEPARTMENT OF STATE  
PALM BEACH, FLORIDA

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:

  
Signature

SIRICHAI ASSAPIMONWAT  
Printed Name

FILING FEE: \$25.00