

OCT/28/2016/FRI 11:33 AM

10/28/2016

Filing No.

P. 001

L14000194152

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.

((H16000266862 3)))



H160002668623ABC4

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

LLC DISSOLUTION OR WITHDRAWAL
CAREVANTAGE INTERNATIONAL MEDICAL SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2016 OCT 28 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED

2016 OCT 28 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

OCT 31 2016

OCT/28/2016/FRI 11:33 AM

FAX No.

P. 002
FILED

2016 OCT 28 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CAREVANTAGE INTERNATIONAL MEDICAL SERVICES, LLC.

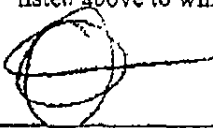
2. The Articles of Organization were filed on 12/22/2014 and assigned
document number L14000194152

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).
NO LONGER IN BUSINESS

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

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

ROBERT THORNE

Printed Name