

L15000061901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

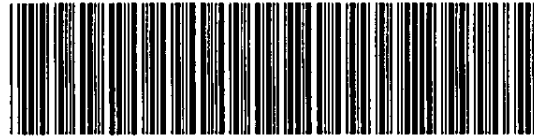
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/28/17--01025--003 **25.00

2017 MAR 28 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

K. SALY
MAR 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Accountable Care Coalition of the Wekiva Region LLC
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paul Jernigan

(Name of Person)

Universal American

(Firm/Company)

4888 Loop Central Drive

(Address)

Houston, Texas 77081

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Jernigan

(Name of Person)

at (**713**) **843-3270**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &
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**

FILED
2017 MAR 28 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Accountable Care Coalition of the Wekiva Region, LLC
2. The Articles of Organization were filed on April 8, 2015 and assigned
document number L15000061801
3. The delayed effective date the dissolution if not effective on the date of filing: December 31, 2016
(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).
Entity was established on April 8, 2015; business was never consummated.

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

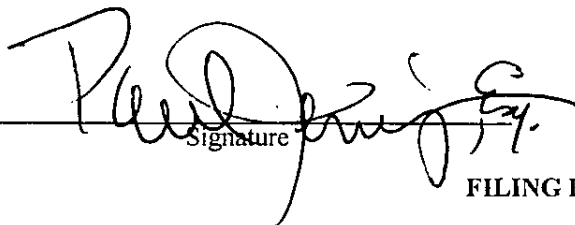
Paul D. Jernigan

Universal American

4888 Loop Central Drive

Houston, Texas 77081

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

Paul D. Jernigan
Printed Name

FILING FEE: \$25.00