

L14000121763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

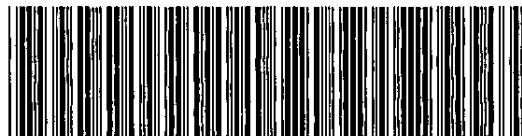
(Business Entity Name)

(Document Number)

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

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06/29/15--01034--018 \*\*25.00

2015 JUN 30 P 1:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUL 01 2015  
BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADAPT Florida 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:

Joseph N. Perlman  
(Name of Person)  
Joseph N Perlman PA  
(Firm/Company)  
1101 Belcher Rd. S #B  
(Address)  
Largo FL 33771  
(City/State and Zip Code)

For further information concerning this matter, please call:

J Perlman at ( 727 ) 5362700  
(Name of Person) (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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2015 JUN 30 P 1:02

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**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**

1. The name of a limited liability company is ADAPT Florida LLC

2. The Articles of Organization were filed on Aug 18, 2014 and assigned document number L 14000 121763

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).

Members Agreed to dissolve LLC

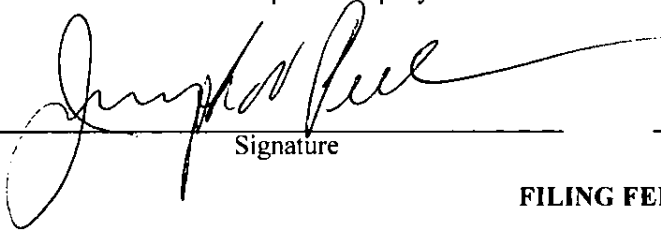
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

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

Joseph N Perleman  
Printed Name

**FILING FEE: \$25.00**