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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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APR 21 2017 S. YOUNG SEURETARY OF STATE AND A SEE FLORIDA TALL'AHASSEE FLORIDA TALPR 20 PH 2: 05

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: SOUTH FLORIDA ACADEMY OF HEALTHCARE LLLP (Name of Florida Limited Partnership or Limited Liability Limited Partnership) The enclosed Certificate of Dissolution and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Martha T Coston (Contact Person) (Firm/Company) 1700 N DIXIE HWY SUITE 150 (Address) **BOCA RATON, FL 33432** (City, State and Zip Code) For further information concerning this matter, please call: Martha T Coston at ((Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: \$52.50 Filing Fee ☐ \$105.00 Filing Fee ☐ \$113.75 Filing Fee, \$61.25 Filing Fee and Certificate of and Certified Copy Certified Copy, and Certificate of Status Status STREET ADDRESS: **MAILING ADDRESS:**

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Registration Section **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

SOUTH FLORIDA ACADEMY OF HEALTHCARE LLLP		
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)	_ 0	
Pursuant to the provisions of section 620.1203, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 05/13/2016, assigned Florida document number A16000000238, hereby submits this Certificate of Dissolution.		
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)		
The partnership is no longer conducting any business.	_	
	_	
	-	
	_	
SECOND: A Notice of Dissolution is attached.		
(Check box if attached.)	T PSE	
THIRD: Effective date, if other than the date of filing: 04/21/2017	3 3	
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)	APR 20 PM 2: 05	
Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:	2: 95	
Marthatloston		
The way was	- -	
Filing Fee: \$52.50		
Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75		