

A31421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

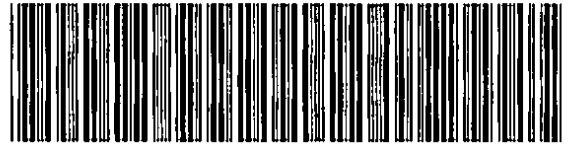
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900377026039

12/09/21--01008--017 \*\*52.50

2021 DEC -9 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*Dissolution w/notice*

DEC 23 2021

D CUSHING

## COVER LETTER

**TO:** Registration Section

Division of Corporations

**SUBJECT:** Osceola Health Care, Ltd.

(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:

Andrew Bennett

(Contact Person)

(Firm/Company)

9420 Fountain Medical Ct., #101

(Address)

Bonita Springs, Florida 34135

(City, State and Zip Code)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC -9 PM 12:06

FILED

For further information concerning this matter, please call:

Andrew Bennett

239

214-8664

at (

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee

☐ \$61.25 Filing Fee  
and Certificate of  
Status

☐ \$105.00 Filing Fee  
and Certified Copy

☐ \$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**CERTIFICATE OF DISSOLUTION  
FOR**

Osceola Health Care, Ltd.

(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

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 May 5, 1991, assigned Florida document number A31421, hereby submits this Certificate of Dissolution.

**FIRST:** Reason for dissolution: (State why partnership is submitting dissolution)

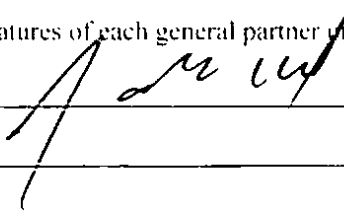
All business of the partnership has been concluded. The partnership has no assets, and the general partner and limited partner have unanimously consented to a nonjudicial dissolution.

**SECOND:** ☒ A Notice of Dissolution is attached.  
(Check box if attached.)

**THIRD:** Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date not be listed as the document's effective date on the Department of State's records.

Signatures of each general partner or the person appointed pursuant to s. 620.1803(3) or (4), F.S.:

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

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

**Filing Fee:** \$52.50  
**Certified Copy (optional):** \$52.50  
**Certificate of Status (optional):** \$8.75

2021 DEC -9 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**NOTICE OF DISSOLUTION  
FOR  
FLORIDA LIMITED PARTNERSHIP  
OR LIMITED LIABILITY LIMITED PARTNERSHIP**

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "*Notice of Dissolution*" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership:  
Osceola Health Care, Ltd.

Description of information that must be included in a claim:

The type of claim and a summary of the facts supporting the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State)

9420 Fountain Medical Ct., #101

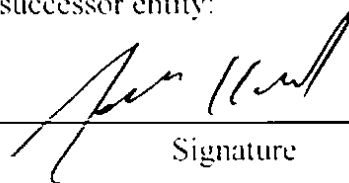
Bonita Springs, FL 34135

A claim against the above named limited partnership or limited liability limited partnership will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.

Signature of a general partner or a principal of the successor entity:

John Helsen

Printed Name



Signature

**Fee: No charge if included with Certificate of Dissolution. If filed separately, \$52.50.**

2021 DEC -9 PM 12:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED