

3/20/2017

Division of Corporations



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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)298-0845

**LLC DISSOLUTION OR WITHDRAWAL
LAKE HARRIS HEALTH SYSTEMS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
17 MAR 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2017 MAR 20 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. SCOTT

MAR 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAKE HARRIS HEALTH SYSTEMS, 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:

Amanda Jackson

(Name of Person)

CT Corporation System

(Firm/Company)

155 Federal Street, Suite 700

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at ()

(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
LAKE HARRIS HEALTH SYSTEMS, LLC

2. The Articles of Organization were filed on 03/29/2001 and assigned
document number LO1000004880

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).

REAL ESTATE INVESTMENT CLOSED OUT

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

James J. Finnegan
Authorized Signatory
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA