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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)208-0845

# LLC DISSOLUTION OR WITHDRAWAL SYLVAN HEALTH SYSTEMS, LLC

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#### COVER LETTER

TO: Registration Section
Division of Curporations

SUBJECT: SYLVAN 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	x 50			
	(Firm/Company)				
	155 Federal Street, Suite 700	·			
	(Address)	• • • • • • • • • • • • • • • • • • • •			
	Boston, MA 02110				
•.	(City/State and Zip Code)				
For further info	rmation concerning this matter, please call:				
· · · <u></u>	at ()				
`, '	(Name of Person) (Area Code & Daytime Telephone Numb	cr)			
Enclosed is a che	ck for the following amount:	· · ·			
<b>■ \$25.0</b> 0	Filing Fee and Certificate of Dissolution S55.00 Filing Fee, Certificate of Dissolution	&			

## 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

Certified Copy (additional copy is enclosed)

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

	nited liability company is H SYSTEMS, LLC	· .	5		· ·
2. The Articles of O	rganization were filed on	03/29/2001		and assigned	i
document number	L01000004883				
Note: If the date i listed as the docum	effective date cannot be pri	or to or more the apportment of	ao 90 days later t elicable statutor State's records,	han date document is receive filing requirements, the	is date will not b
+1	Statutes, (copy 605.0707			any a dissolution purs	uant to section
NEAL ESTATE !	INVESTMENT SOLD : C	LOVED OK		·	· · · · · · · · · · · · · · · · · · ·
. •	mbers, enter the name an	d address of	the person app	oointed to wind up the	company s
activities and affa	irs:	<del>.</del>		······································	
					20 CO
			· .	, 	
6. Signature of an at listed above to wind	othorized person or if ther up the company's activiti	e are no men es and affair	James Authori	J. Finnegan zed Signatory	pointed and
Si	gnature F	TLING FEE		Printed Name	