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COVER LETTER

TO:

Registration Section Division of Corporations

SCDMH Sarasota Care 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:

Robert L. Wenzel CPA

(Name of Person)

Robert L. Wenzel CPA, P.A.

(Firm/Company)

2075 Fruitville Road Ste 200

(Address)

Sarasota, FL 34237

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Wenzel CPA at 941 953-7777

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabil SCDMH SARASOTA CARE	• •				_•		
2.	The Articles of Organization	n were filed on $\frac{12/23}{}$	3/2002	and a	ssigned			
	document number L0200003	34593						
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 605.0707, Florida Statutes, (BUILDING HELD BY LLC W	copy 605.0707 on ba	ack cover letter).	•	on pursuant to sec	tion		
						-		
5.	If there are no members, entactivities and affairs:	ter the name and add	•	appointed to wind	up the company's	- S		
	activities and arians.	2075 FRUITVILLE	ROAD #200			. -		
		SARASOTA, FL 34	1237	_		-		
6. lis	Signature of an authorized parted above to wind up the con	person or if there are npany's activities and	no members, the s d affairs:	ignature of the pe	rson appointed and	- d		
	Robert L. (i) enzel	ROBERT L V	VENZEL CPA				
	Signature			Printed Name	**************************************	•		
		FILIN	G FEE: \$25.00		TORE A			