

LA300000 8517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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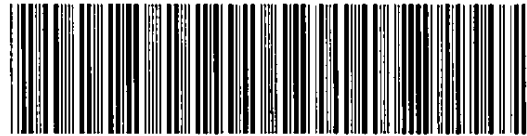
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 22 PM 2:55

FILED

K. SALY

JUN 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Orlando Behavior Health Services
(Name of Limited Liability Company)
(formerly Orlando Behavior Health, LLC)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Weinberg
(Name of Person)

CEH, LLC
(Firm/Company)

185 Fabyan Rd.
(Address)

Middletown, CT 06255
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Weinberg at (860) 315-0565
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution
check # 022 Encl.
6/17/17

☐ \$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

FILED

2017 JUN 22 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Orlando Behavior Health Services, LLC

2. The Articles of Organization were filed on 03/07/2003 and assigned

document number LO3000008517

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Relocation out of state and name change

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Michael Weinberg

185 Fabgan Rd.

N. Grosvenor Dale, CT 06255

560 315 0365

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:

Michael Weinberg
Signature

Michael Weinberg
Printed Name

FILING FEE: \$25.00