

W400013863

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17 MAR 22 AM 8:34

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 560367 7928165

AUTHORIZATION

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : March 17, 2017

ORDER TIME : 10:55 AM

ORDER NO. : 560367-505

CUSTOMER NO: 7928165

17 MAR 22 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

DOMESTIC FILINGS

NAME: SA-ST. PETERSBURG, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SA-St. Petersburg, 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:

Kimberly Ruggiero

(Name of Person)

Health Care Navigator, LLC

(Firm/Company)

4 West Red Oak Lane, Suite 201

(Address)

White Plains, NY 10604

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ruggiero

(Name of Person)

at ( 914 ) 390-4325

(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304  
17 MAR 22 AM 8:45

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

1. The name of a limited liability company is

SA-St. Petersburg, LLC

2. The Articles of Organization were filed on 02/20/2004 and assigned

document number L04000013863

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).

No on going business activities

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

Mitchell Starer

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA  
17 MAR 22 AM 8:45