

L04000046669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600044184346

01/24/05--01045--002 **25.00

FILED
05 JAN 24 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOLDIS
CRC
2-2-05

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Health Solutions Innovation, 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:

Summer S. Knight
(Name of Person)

Health Solutions Innovation, LLC
(Firm/Company)

PO Box 3783
(Address)

Tallahassee, FL 32315
(City/State and Zip Code)

For further information concerning this matter, please call:

Summer S. Knight at (850) 545-7480
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

1. The name of the limited liability company is

Health Solutions Innovation, LLC

2. The date the dissolution was approved: 12/31/04

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

This company has made no revenue.

FILED
05 JAN 24 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. **CHECK ONE:**

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. **CHECK ONE:**

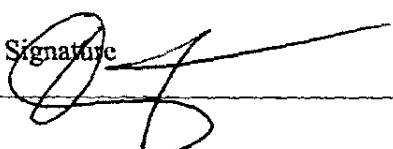
☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution :

Signature



Typed or Printed name

Summer S Knight

PO Box 3783

Tallahassee, FL 32315

Filing Fee: \$25.00