

L04 0000 70603

(151)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

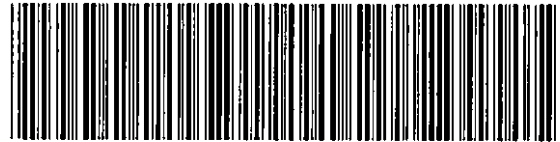
(Business Entity Name)

(Document Number)

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2024 APR 22 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REHAB ADVANTAGE, 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:

LOURDES DEL VALLE
(Name of Person)

REHAB ADVANTAGE, LLC
(Firm/Company)

11120 S. CROWN WAY, #5-8
(Address)

WELLINGTON, FL 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

LOURDES DEL VALLE at (561) 510-6922
(Name of Person) (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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. The name of a limited liability company is

REHAB ADVANTAGE, LLC

2. The Articles of Organization were filed on SEPTEMBER 28, 2004 and assigned

document number L0400007003

3. The delayed effective date the dissolution if not effective on the date of filing: APRIL 30, 2024
(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).

FINANCIAL MARGINS OF THE COMPANY COULD NO

LONGER SUPPORT THE RISING COSTS OF DOING

BUSINESS.

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

LOURDES DEL VALLE

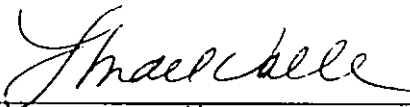
11120 S. CROWN WAY, #5-8

WELLINGTON, FL 33414

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TALLAHASSEE, FL

FILED

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

Lourdes M. del Valle

Printed Name

FILING FEE: \$25.00

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L04000070603
FILED 8:00 AM
September 28, 2004
Sec. Of State
alunt

Article I

The name of the Limited Liability Company is:

REHAB ADVANTAGE, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

11120 S. CROWN WAY
SUITE 8
WELLINGTON, FL. 33414

The mailing address of the Limited Liability Company is:

11120 S. CROWN WAY
SUITE 8
WELLINGTON, FL. 33414

Article III

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:

JAMES A MORTON JR
901 N. OLIVE AVENUE
WEST PALM BEACH, FL. FL

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JAMES A. MORTON, JR.