## 20500090788

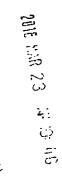
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(Requestor's Name)							
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PICK-UP WAIT MAIL							
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18 HAR 23 AH 7: 42 SECRETARY OF STATE FALL ARLISSEE, FLORIDA



K. SALY MAR 2 0 2013 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

NAME:

	ACCOUNT NO.	;	12000000195					
	REFERENCE	:	115956	8086995				
	AUTHORIZATION	:	W	7				
	COST LIMIT	:	Simula !	Cena				
ORDER DATE :	March 13, 2018							
ORDER TIME :	8:57 AM							
ORDER NO. :	115956-045							
CUSTOMER NO:	8086995							
			<b></b>					
DOMESTIC FILINGS								

XX ARTICLES OF DISSOLUTION							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING							
CONTACT PERSON: Roxanne Turner - EXT#							
EXAMINER'S INITIALS:							

GENOA HEALTHCARE OF

FLORIDA, LLC

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 18 HAR 23 AH 7: 42

1.	The name of a limited liability Genoa Healthcare of Florida, L	· ·		FALL AHLSSEE, FLORIDA					
2.	The Articles of Organization	were filed on	and						
	document numberL0500009	90788							
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, (	that resulted in the limited leopy 605,0707 on back cover	liability company's dissoluer letter).	ution pursuant to section					
	Legal entity is inactive, no long	• •	•	ве Сотрапу.					
5.	If there are no members, ente	er the name and address of t Victor Breed	he person appointed to wi	ind up the company's					
		18300 Cascade Ave S, Suite	251 Tukwila WA 98188						
6. lis	Signature of an authorized poted above to wind up the com	erson or if there are no mem pany's activities and affairs	nbers, the signature of the	person appointed and					
	Vinte A	v	ictor Breed						
Signature			Printed Nar	ne					

FILING FEE: \$25.00