

L06000005525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

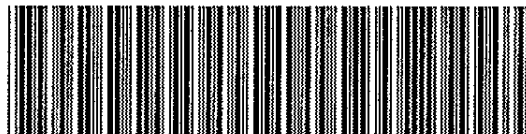
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 OCT 27 PM 2:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: College of Health and Public Safety
(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:

Tina Palermo
(Name of Person)

Health Career Institute Inc
(Firm/Company)

5032 Olkechoke Blvd
(Address)

Wpb, FL 33417
(City/State and Zip Code)

For further information concerning this matter, please call:

Tina Palermo at (561) 252-8801
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ 30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 27 PM 2:07

1. The name of a limited liability company is

College of Health and Public Safety

2. The Articles of Organization were filed on April 17, 2006 and assigned document number

LO6000005525

3. The date the dissolution was approved: Oct. 24, 2006

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

The LLC of College of Health and Public Safety
was made a DBA of Health Career Institute.

5. 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.

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

7. 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

Printed Name

Tina Palm
Cathy (Gordon)
FRANC FEROLA

Tina Palermo
Cathy (Gordon)
FRANC FEROLA

FILING FEE: \$25.00