

LC6000033414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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200400895402

01/30/23--01016--003 **25.00

FILED
2023 JAN 30 PM 3:25
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RESOLVE HEALTH PLAN ADMINISTRATORS 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:

JOEL DUHL

(Name of Person)

RESOLVE HEALTH PLAN ADMINISTRATORS LLC

(Firm/Company)

955 PAMELA CIRCLE

(Address)

ORMOND BEACH FL 32176

(City/State and Zip Code)

For further information concerning this matter, please call:

JOEL DUHL

(Name of Person)

at (386) 451-6430

(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** **FILED**

2023 JAN 30 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FL

1. The name of a limited liability company is
RESOLVE HEALTH PLAN ADMINISTRATORS LLC

2. The Articles of Organization were filed on 03/28/06 and assigned
document number L06000033414

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).
UPON THE CONSENT OF ALL MEMBERS OF RESOLVE HEALTH PLAN ADMINISTRATORS LLC.

THE LLC WILL DISSOLVE UPON FILING OF THE ARTICLES OF DISSOLUTION

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

JOEL DUHL

Printed Name

FILING FEE: \$25.00