

LD60000047865

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08 APR 10 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

APR 28 2008

EXAMINER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Summit Healthcare Consulting, 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:

Rawsi Williams

(Name of Person)

Summit Healthcare Consulting, LLC

(Firm/Company)

PO Box 1591

(Address)

Oldsmar, FL 34677

(City/State and Zip Code)

For further information concerning this matter, please call:

Rawsi Williams

(Name of Person)

at ( 205 ) 835-2909

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2008

RAWSI WILLIAMS  
P.O. BOX 1591  
OLDSMAR, FL 34677

SUBJECT: SUMMIT HEALTHCARE CONSULTING, LLC  
Ref. Number: L06000047865

We have received your document for SUMMIT HEALTHCARE CONSULTING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date listed cannot be prior to the date of filing or more than 90 days in the future. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 908A00002472

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED  
08 JAN 10 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Summit Healthcare Consulting, LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned document number \_\_\_\_\_

3. The date the dissolution was approved: 12/10/2007

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).

LLC is under the management of one person/manager/owner. Owner  
is taking ownership in a Partnership; thus, the LLC is dissolved.

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

[Signature]

Printed Name

Rawsi L. Williams

FILING FEE: \$25.00