L06000121919

(Re	equestor's Name)	<u>. </u>		
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If there are any issues
please contact Cheyanne at
850-202-1882

Date:	01/13/2025			
Name:	Cheyanne Davis	,		
Reference #	2618932			
	OSCEOLA HEALTH	CARE I PARTNERS, LLC		
☐ Article	es of Incorporation/Authorization t	o Transact Business		
Amen	adment			
☐ Chan	ge of Agent			
Reinstatement				
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictition	ous Name			
✓ Other	CA	NCELLATION		
Authorized A	mount: \$35.00 25 0	<u>) </u>		
Signature:	Ohyma Paire			

F: 800.944.6607



January 9, 2025

COGENCY

SUBJECT: OSCEOLA HEALTHCARE I PARTNERS, LLC

Ref. Number: L06000121969

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

Must complete #4.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 525A00000646

please kelp original file date

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED

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. The name of a fimited lig	• • •	ICARE I PARTNERS, LLC	IALLAHASSEE, ELORI
The Articles of Organiza	tion were filed on	12/22/2006	and assigned
document number	L06000121969		
(effec	tive date cannot be prior to a in this block does not mee	a the applicable statutory fili	ling:
A description of occurrence 505,0707, Florida Statute	nce that resulted in the s. (copy 605,0707 on b	limited liability company?: ack cover letter).	s dissolution pursuant to section
ceased operations			
		· ··· - · · · · · · · · · · · · · · · ·	
If there are no members.	enter the name and add		ed to wind up the company's
activities and affairs:	W. STEWART S		
	PO Box 71030	,	
	Myrtle Beach, SC	29572	
Signature of an authorize ted above to wind up the	ed person or if there are company's activities an	no members, the signature d affairs:	e of the person appointed and
2/			
///X// ///		W. STEWAF	
Signature	:	Prin	ited Name

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