

L07000079024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

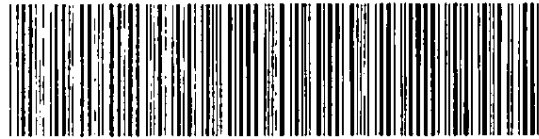
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILED

2022 DEC 29 AM 11:04

RECEIVED

3

2022 DEC 29 AM 11:22

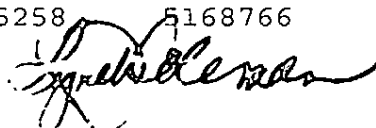
A. BUTLER

JAN - 3 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 295258 5168766

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 28, 2022

ORDER TIME : 9:42 AM

ORDER NO. : 295258-050

CUSTOMER NO: 5168766

DOMESTIC FILINGS

NAME: SOLANA HOME HEALTH AGENCY LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solana Home Health Agency 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:

Lisa Schwartz

(Name of Person)

Solana Home Health Agency LLC

(Firm/Company)

152 West 57th Street, 60th Floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Saullo

(Name of Person)

212

649-9700

at (

_____) _____
(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

2022 DEC 29 AM 11:04

1. The name of a limited liability company is
Solana Home Health Agency LLC

ALL IN DE STATE
OFFICE

2. The Articles of Organization were filed on 8/1/2007 and assigned
document number L07000079024

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).

The LLC is no longer doing business and has completed its activity

The LLC is no longer doing business and has completed its activity

The LLC is no longer doing business and has completed its activity

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:

Lisa Schwartz
Signature

Lisa Schwartz, Secretary

Printed Name

FILING FEE: \$25.00