

September 22, 2009

MANGROVES HEALTH INSTITUTE, LLC 2335 9TH STREET NORTH SUITE 205 NAPLES, FL 34103

000161030530

SUBJECT: MANGROVES HEALTH INSTITUTE, LLC

Debit Memo #: 96705 - y

Document #: L07000113910

Due to your failure to respond to our letter advising you of your returned check and giving you 60 days notice of our intent to dissolve or revoke the above limited liability company, this limited liability company is now administratively dissolved or revoked.

A Certificate of Dissolution or Revocation is enclosed.



## Bepartment of State

## CERTIFICATE OF ADMINISTRATIVE DISSOLUTION

The requirements of section, 608.4481, Florida Statutes, requiring 60 days notice of our proposed Administrative Dissolution of a limited liability company, have been met for MANGROVES HEALTH INSTITUTE, LLC, Florida limited liability company. The limited liability company is hereby dissolved as of September 22, 2009 for failure to file the limited liability company annual report/uniform business report, as required by law.

The document number of this limited liability company is L07000113910.

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capitol, this the Twenty-second day of September, 2009

THE STATE OF THE S

CR2EO22 (01-07)

Kurt S. Urowning Secretary of State



June 23, 2009

MANGROVES HEALTH INSTITUTE, LLC 2335 9TH STREET NORTH SUITE 205 NAPLES, FL 34103

SUBJECT: MANGROVES HEALTH INSTITUTE, LLC

Ref. Number: L07000113910

Debit Memo #: 96705-Y

This is to inform you that check #248 in the amount of \$138.75 submitted with the annual report/uniform business report for MANGROVES HEALTH INSTITUTE, LLC has been returned by your bank because of NON-SUFFICIENT FUNDS.

We request you remit a cashier's check or money order, referencing the above named debit memo number, in the amount of \$153.75 made payable to the Department of State to cover the unpaid fees and service charge.

Sections 608.4481 and 608.513, Florida Statutes, requires us to give at least 60 days notice of our intent to administratively dissolve a Florida limited liability company or revoke the authority to transact business of a foreign limited liability company for failure to file the annual report/uniform business report and pay the filing fee. This will serve as your notice that if payment of \$153.75 is not received within the 60 day period, your limited liability company will be administratively dissolved or revoked and a reinstatement fee of an additional \$100 will be imposed.

Please send your response to:

Division of Corporations Attn: Catherine F Chin P.O. Box 6327 Tallahassee, FL 32314

If you have any questions concerning the filing of your document, please call (850) 245-6057.

Catherine F Chin Senior Clerk

Letter Number: 209A00021352