

L08000017518

(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



800338483858

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2019 DEC 30 PM 3:19

STATE OF FLORIDA

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2019 DEC 30 PM 12:55

STATE OF FLORIDA

Y SUBMIT

01/01/20

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 12/30/2019

Acc#I20160000072

*en: c DW*

Name:	HEALTHEXCHANGE SYSTEMS, LLC
Document #:	
Order #:	12514411

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
Certificate of Good Standing:	<input type="checkbox"/>			
	<input type="checkbox"/>			
Apostille/Notarial Certification:	<input type="checkbox"/>		Country of Destination:	
			Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

**ARTICLES OF DISSOLUTION  
OF  
HEALTHEXCHANGE SYSTEMS, LLC**

Pursuant to the provisions of the Florida Revised Limited Liability Company Act, Section 605.0707, Florida Statutes, the undersigned limited liability company adopts the following Articles of Dissolution for the purpose of dissolving the limited liability company:

1. The name of the limited liability company is HEALTHEXCHANGE SYSTEMS, LLC (the "Company").
2. The Articles of Organization were filed on February 19, 2008 and assigned document number L08000017518.
3. The effective date of dissolution shall be December 31, 2019.
4. The Company was dissolved by the written consent of all of the Members pursuant to the provisions of Section 605.0707, Florida Statutes, and the Operating Agreement of the Company.
5. All debts, obligations, and liabilities of the Company have been paid or discharged, or adequate provision therefor has been made pursuant to Section 606.0707, Florida Statutes.
6. All remaining property and assets have been distributed to the Company's members in accordance with their respective rights and interests.
7. There are no suits pending against the Company in any court.

[Signature Page to Follow]

2019 DEC 31 PM 3:16  
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**HEALTHEXCHANGE SYSTEMS, LLC**

**MEMBERS:**

KAT Partnership Investment, LP,  
a Florida limited partnership

By: KAT General Partner Management  
Company, Inc., General Partner

By: Anthony J. Roma  
Anthony J. Roma, President

Dacinson Enterprises, Ltd.,  
a Florida limited partnership

By: Dacinson Group, LLC, a Florida  
limited liability company

By: Daryl G. Corr  
Daryl G. Corr, Manager

## Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "*Notice of Limited Liability Company Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: HealthExchange Systems, LLC

Document number of Limited Liability Company is: L08000017518

Date of dissolution was: December 31, 2019

Description of information that must be included in a written claim:

The basis of any claim with name, address, and amount of claim.

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Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Buchanan Ingersoll & Rooney PC

Attn: Mitchell I. Horowitz

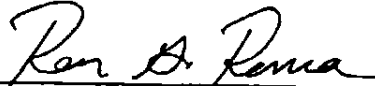
401 E. Jackson Street, Suite 2400

Tampa, Florida 33602

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Ron G. Roma

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**