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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: St Johns Behavioral Health Services (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:		
Stephanie Liucoln (Name of Person)		
(Firm/Company)		
2389 South Ponte Vedra Blvd. (Address)		
2389 South Ponte Vedra Blvd. (Address) Ponte Vedra Beach, F1 3208 Z (City/State and Zip Code)		
For further information concerning this matter, please call:		
Stephanie Lincoln at 904 343-6298 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount: 30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) S60.00 Filing Fee, 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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY



1. The name of a limited liability company is St Johns Behavio	ral Health Services, EFE
2. The Articles of Organization were filed on	the 16,2008 and assigned document number
3. The date the dissolution was approved:	Jun 09
	imited liability company's dissolution pursuant to section
,	isian to dissolve company
5. CHECK ONE:	
OR- Adequate provision has been made for the	the limited liability company have been paid or discharged. the debts, obligations and liabilities pursuant to s. 608.4421.
All remaining property and assets have been dist rights and interests.	ributed among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the con-or-Adequate provision has been made for the entered against it in any pending suit.	ompany in any court. the satisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage	e of membership interests necessary to approve the dissolution:
Signature	Printed Name
Mu ()	Sdyphanie Lincoln
•	

FILING FEE: \$25.00