

LO800000 83359

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14 MAR 17 PM 12:12
SOUTH FLORIDA
TALLAHASSEE, FLORIDA

J. Owens MAR 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Real Property Holdings of Adventist Care Centers, 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:

Tamara L. Trimble

(Name of Person)

Adventist Health System

(Firm/Company)

900 Hope Way

(Address)

Altamonte Springs, FL 32714

(City/State and Zip Code)

For further information concerning this matter, please call:

Tamara L. Trimble

(Name of Person)

at (407) 357-2304

(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/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
Real Property Holdings of Adventist Care Centers, LLC
2. The Articles of Organization were filed on September 2, 2008 and assigned
document number L08000083359
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)
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 passage of 90 consecutive days during which the company has no members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: T.L. Trimble, Esq.

900 Hope Way

Altamonte Springs, FL 32714

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:


Signature

T.L. Trimble

Printed Name

FILING FEE: \$25.00

NOV 17 PM 10:12
FILED
TALLAHASSEE
FLORIDA