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D. BRUCE  
MAY 20 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LINDA PLICHTA, RN, CCRC, CCRA, 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:

LINDA PLICHTA

(Name of Person)

LINDA PLICHTA, RN, CCRC, CCRA, LLC

(Firm/Company)

2998 ASHECROFT COURT

(Address)

CLEARWATER, FL 33761

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Plichta

(Name of Person)

at ( 540 ) 761-1336

(Area Code & Daytime Telephone Number)

( 727 ) 784-3850

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

2021 MAR 25  
TALLAHASSEE  
MOBILE  
HOME  
FILE

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

LINDA PLICHTA, RN, CCRC, CCRA, LLC

2. The Articles of Organization were filed on 25 SEPTEMBER 2008 and assigned

document number L08000086519

3. The delayed effective date the dissolution is 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).

I HAVE RETIRED AND NO LONGER NEED THE LLC.

I HAVE NO PLANS TO RETURN TO WORK AND NO  
LONGER HOLD ANY CERTIFICATIONS.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: LINDA PLICHTA

2998 ASHCROFT COURT

CLEARWATER, FL 33761

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:

Linda Plichta  
Signature

LINDA PLICHTA  
Printed Name

**FILING FEE: \$25.00**

2021 MAR 25 PM 4:15  
TALLAHASSEE, FL

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