

L08000108311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

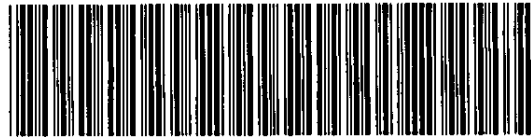
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 27 A 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOT RECORDED
184000108311
SUFFICIENCY OF FILING

15 JUN 27 PM 1:41

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JUN 27 2016

S Warren

JUN 29 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2016

CORPORATION SERVICE COMPANY
COURTNEY WILLIAMS

RESUBMIT
Please give original
submission date as file date.

SUBJECT: TANDEM HEALTH CARE OF JACKSONVILLE, LLC
Ref. Number: L08000108311

We have received your document for TANDEM HEALTH CARE OF JACKSONVILLE, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The Notice of Dissolution must contain a description of information that should be included in a written claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 816A00013520




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16 JUN 28 PM 1:30

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CORPORATION SERVICE COMPANY

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 191632 8073077
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : June 23, 2016
ORDER TIME : 9:22 AM
ORDER NO. : 191632-010
CUSTOMER NO: 8073077

DOMESTIC FILINGS

NAME: TANDEM HEALTH CARE OF
JACKSONVILLE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is

Tandem Health Care of Jacksonville, LLC

2. The Articles of Organization were filed on 11/19/2008 and assigned

document number L08000108311

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)

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).

Dissolved by action of the member.

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

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:

Scott E. Brown
Signature

Scott E. Brown, Manager

Printed Name

FILING FEE: \$25.00

FILED
JUN 27 A 9 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA