

L09000002304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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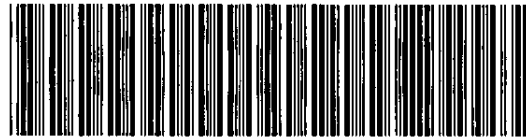
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 23 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 28 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lighthouse Addiction Services, 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:

Frederick Ropke, IV
(Name of Person)
Halcyon Management Group, Inc
(Firm/Company)
3596 Tamiami Trail, Suite 205
(Address)
Port Charlotte, FL 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

Barry Wyrick at (941) 255-5900
(Name of Person) (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

Lighthouse Addiction Services, LLC

2. The Articles of Organization were filed on 01/05/2009 and assigned
document number L09000002304

3. The delayed effective date the dissolution if not effective on the date of 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 managing member, Frederick Ropke, II, has transferred
all activities of the company to Helix Management Group, Inc.,
an S-corporation registered to Mr. Ropke in the state of Florida.
Mr. Ropke wishes to dissolve the LLC.

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:

Signature

Printed Name

F. W. Ropke II

Frederick Ropke, II

FILING FEE: \$25.00

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