

109000012592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

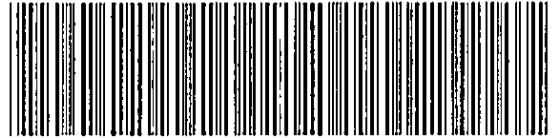
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 AUG 14 PM 2:02

2020 AUG 14 PM 8:56

R. WHITE
AUG 17 2020

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

ACCOUNT NO. : I20000000195
REFERENCE : 391486 4715037
AUTHORIZATION : *Liquidation*
COST LIMIT : \$ 25.00

ORDER DATE : August 14, 2020
ORDER TIME : 11:48 AM
ORDER NO. : 391486-005
CUSTOMER NO: 4715037

DOMESTIC FILINGS

NAME: EISNERAMPER HEALTHCARE
SOLUTIONS 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: Amanda Robinson - EXT# 62968

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EisnerAmper Healthcare Solutions 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:

Jeffrey A. Melnick

(Name of Person)

EisnerAmper LLP

(Firm/Company)

733 Third Avenue,

(Address)

New York, New York 10017

(City/State and Zip Code)

For further information concerning this matter, please call:

Joyce Gilroy

(Name of Person)

212

891-8092

at ()

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

2017 14 11 8:56

1. The name of a limited liability company is
EisnerAmper Healthcare Solutions LLC
2. The Articles of Organization were filed on March 8, 2016 and assigned
document number L09000012592
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).
The purpose of the LLC has been completed
The purpose of the LLC has been completed
The purpose of the LLC has been completed
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Curt Rosner
1001 Brickell Bay Drive, Suite 1400
Miami, Florida 33131
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

Curt Rosner

Printed Name

FILING FEE: \$25.00