

29000333 //

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

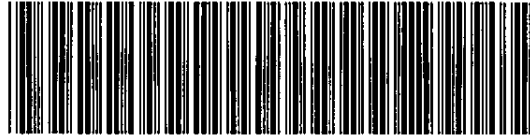
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700270851777

03/24/15--01014--004 **25.00

FILED
2015 MAR 24 PM 1:44
U.S. DEPT. OF STATE
WASHINGTON, DC 20540

APR 20 2015
U.S. DEPT. OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Innovative Care III 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:

Farideh Gozleveli

(Name of Person)

(Firm/Company)

2847 NE 26th Pl

(Address)

Ft Lauderdale, Fla, 33306

(City/State and Zip Code)

For further information concerning this matter, please call:

Farideh Gozleveli

(Name of Person)

954

at ()

931-0958

(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

FILED
2015 MAR 24 PM 1:44
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

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

1. The name of a limited liability company is
Innovative Care III LLC
2. The Articles of Organization were filed on 2/27/2014 and assigned
document number L09000033311
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).
L09000033311, Innovative Care III never went into an operation status.

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

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

Farideh Gozleveli

Printed Name

FILING FEE: \$25.00

FILED
2015 MAR 24 PM 1:44
CLERK OF DISTRICT COURT
NORTH DAKOTA

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: INNOVATIVE CARE III, LLC

Document number of Limited Liability Company is: L09000033311

Date of dissolution was: 2/27/2015

Description of information that must be included in a written claim:

L09000033311, Innovative Care III never went into an operation status.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

2847 NE 26th Pl

Ft Lauderdale, FL, 33306

FILED
2015 MAR 24 PM 1:46
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Farida Gorkun

Printed Name of the Person Filing

Farida Gorkun

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00