

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAUFFIELD and Associates, 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:

Dr. Christine Cauffield
(Name of Person)

CAUFFIELD and Associates, LLC
(Firm/Company)

10135 Cross Green Way
(Address)

Jacksonville, FL 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Christine Cauffield at (941), 993 9921
(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 Address:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2024

DR. CHRISTINE CAUFFIELD
10135 CROSS GREEN WAY
JACKSONVILLE, FL 32256

SUBJECT: CAUFFIELD AND ASSOCIATES, LLC
Ref. Number: L09000075704

We have received your document for CAUFFIELD AND ASSOCIATES, LLC and your check(s) totaling \$4.37. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a NON-PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 924A00020376

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

2024 OCT -7 AM 9:34

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Cauffield and Associates, LLC

2. The Articles of Organization were filed on 8-01-2009 and assigned

document number LO 9000075704

3. The delayed effective date the dissolution if not effective on the date of filing: 10-8-2024
(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).

Due to untimely payments from Insurance/Medicaid payments, and the sale of our rented office space, services ceased to clients on February, 2024.

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

Dr. Christine Cauffield

10135 Cross Green Way

Jacksonville, FL 32256

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:

Dr. Christine Cauffield
Signature

Dr. Christine Cauffield
Printed Name

FILING FEE: \$25.00