

L100000 13817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

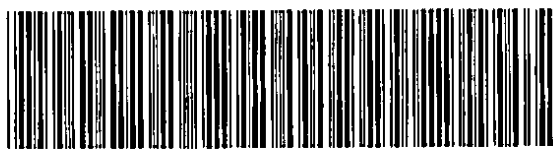
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/10/19--01018--012 **25.00

FILED
OFFICE OF STATE
CLERK OF COURTS
2019 DEC 10 PM 4:10

Dissolution

DEC 27 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SALUBRIS, 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:

Miguel Nunez, MD

(Name of Person)

Sal Health Group, LLC

(Firm/Company)

2645 SW 37th Ave, Suite 601

(Address)

Miami FL 33133-2745

(City/State and Zip Code)

For further information concerning this matter, please call:

April Nunez

941

720-4909

at (

(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

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

1. The name of a limited liability company is
SALUBRIS, LLC

2. The Articles of Organization were filed on February 5, 2010 and assigned
document number L10000013817

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).

Ceased operations.

Ceased operations.

Ceased operations.

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

Miguel Nunez, MD

Printed Name

FILING FEE: \$25.00

FILED
2010 FEB 10 PM 4:10
CLERK OF STATE
TALLAHASSEE, FLORIDA