

#L 10000074195

(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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2014 JAN 30 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RSL Health 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:

Robert Lowe

(Name of Person)

N/A

(Firm/Company)

214 Thistlewood Circle

(Address)

Longwood, FL 32779

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Lowe

(Name of Person)

at (407) 474-3552

(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**

FILED

2014 JAN 30 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

RSL Health Services, LLC

2. The Articles of Organization were filed on 07/14/2010 and assigned
document number L10000074195

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).

Business sold to new owner.

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

Robert S. Lowe

FILING FEE: \$25.00