

6100000079689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

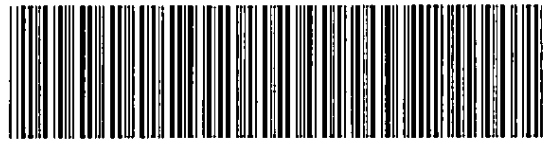
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SECRETARY OF STATE
2023 MAY -9 PM 3:29
STATE OF CONNECTICUT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm River Medical Center 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:

Lata Patel
(Name of Person)
Palm River Medical Center
(Firm/Company)
1030 S. 78th street
(Address)
Tampa FL 33619-4750
(City/State and Zip Code)

For further information concerning this matter, please call:

Lata Patel at (813) 740-0646 Ext 210
(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

Palm River Medical Center LLC

2. The Articles of Organization were filed on 07/28/2010 and assigned

document number L10000079689

3. The delayed effective date the dissolution is not effective on the date of filing: 05/01/2023

(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The company is no longer active

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

Lata Patel

1030 S. 78th ST.

Tampa FL 33619-4750

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:

Lata Patel

Signature

LATA M PATEL

Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2023 MAY -9 PM 3:29