

L110000000056

(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:

AUG - 7 2013

L. SELLERs

Office Use Only



200250304022

08/05/13--01021--025 **6U.00

FILED
13 AUG -5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIPLE F 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:

EUNICE IKPEKPE
(Name of Person)

(Firm/Company)

5916 EGRET LANDING PLACE
(Address)

LITHIA, FL, 33547
(City/State and Zip Code)

For further information concerning this matter, please call:

EUNICE IKPEKPE at 813, 410-0232
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

p \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

p \$60.00 Filing Fee,
Certificate of Status &
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**

1. The name of a limited liability company is

TRIPLE E HEALTH SERVICES LLC

2. The Articles of Organization were filed on DEC 30th 2010 and assigned document number _____

3. The date the dissolution was approved: JULY 30th 2013

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Unhealthy business climate, lack of business and funds. Dissolution is required to prevent further liabilities

5. **CHECK ONE:**

☐ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☒ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. **CHECK ONE:**

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Enunice Ikpekepe

Enunice Ikpekepe

* The second member self terminated
of Bankruptcy filed 2/28/12

FILED
13 AUG-5 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA