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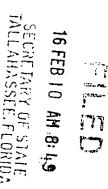
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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FEB 11 2016

J SHIVERS

COVER LETTER*

TO:

Registration Section Division of Corporations

CAREVANTAGE MEDICAL PARTNERS LLC

SUBJECT:

(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:

Gary C Matzner
(Name of Person)
Kopelowitz Ostrow
(Firm/Company)
2525 Ponce de Leon Blvd, Suite 625
(Address)
Coral Gables, FL 33134
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary C Matzner

(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/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 CareVantage Medical Partners, LLC
2.	The Articles of Organization were filed on 03/16/2011 and assigned
	document number L11000032149
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). Decision of the Member
5.	If there are no members, enter the name and address of the person appointed to wind up the combany's activities and affairs:
	RETARY OF THAS SEE
	AM 80 CONTENTS TO THE CONTENTS
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ed above to wind up the company's activities and affairs:
	Gary C Matzner Printed Name
	FILING FEE: \$25.00