

K11000115546

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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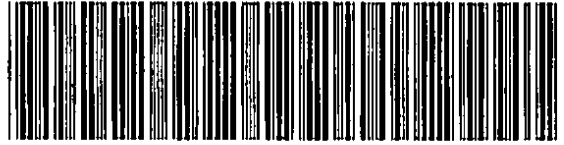
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

*Dissolution*

DEC 22 2021

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# LAW OFFICES OF JAMES P. COVEY, P.A.

<b><u>VERO BEACH OFFICE</u></b> 1575 Indian River Blvd, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<b><u>STUART OFFICE</u></b> 2207 South Kanner Highway Stuart, FL 34994 Telephone: 772.286.5820 Facsimile: 772.286.1505
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**James P. Covey, J.D., M.B.A.**  
**Licensed to practice in Florida and Maryland**

Robyn Haffield, Florida Registered & Sr. Paralegal/Firm Manager  
Melanie B. Kelhoffer, Sr. Paralegal  
Sierra Gullo, Paralegal  
Caitlin Flinn, Client Support Services

Merrily Minardi, Accounting Services  
Debbie Hogsten, Accounting Services  
Gerard Scobie, Client Support Services

November 29, 2021

**Via Certified Mail:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

***Re: DOULAS OF THE PALM BEACHES, LLC.***

Enclosed, you will find the following:

1. Florida Department of State, Division of Corporations Cover Letter;
2. Articles of Dissolution for Doulas of the Palm Beaches, LLC.;
3. Action by Unanimous Consent in Writing by the Managing Member and Authorized Member of Doulas of the Palm Beaches, L.L.C. with regard to the dissolution of the Florida Limited Liability Company;
4. Check number 01056 in the amount of \$25.00 which represents the filing fee for the Certificate of Dissolution.

If you should have any questions or should need any further information to complete this request, please contact Melanie Kelhoffer in my Vero Beach office at 772.770.6160. Thank you.

Sincerely,

James P. Covey, Esq.

/mk  
enclosures  
cc. Client

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SECRETARY OF  
STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DOULAS OF THE PALM BEACHES, 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:

JAMES P. COVEY, ESQ.

(Name of Person)

JAMES P. COVEY, P.A.

(Firm/Company)

1575 Indian River Boulevard, Suite C-120

(Address)

Vero Beach, Florida 32960

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES P. COVEY, ESQ.

772

770.6160

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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

1. The name of a limited liability company is  
DOULAS OF THE PALM BEACHES, LLC.

2. The Articles of Organization were filed on 10/17/2011 and assigned  
document number L11000118546

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).

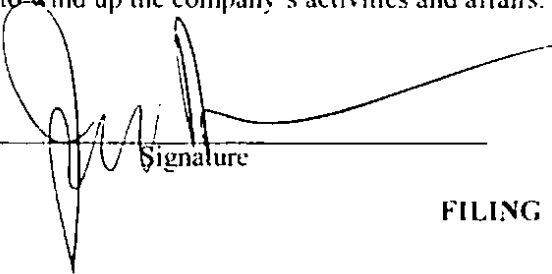
Voluntary Dissolution by the Managing Member and Authorized Member

Voluntary Dissolution by the Managing Member and Authorized Member

Voluntary Dissolution by the Managing Member and Authorized Member

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

JENNIFER T JOHNSON  
Printed Name

**FILING FEE: \$25.00**

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2021 DEC -7 AM 10:51  
STATE OF FLORIDA  
CLERK OF THE COURT