

L11000135520

(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:

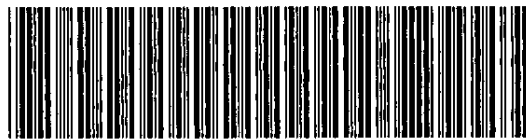
D

Office Use Only

B. KOHR

MAR 21 2012

EXAMINER



300224029263

03/19/12--01028--007 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 19 PM 4:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Health Advocate of Naples, LLC
(Name of Limited Liability Company)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 19 PM 4:50

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Louise Campbell, Sole Member

(Name of Person)

Health Advocate of Naples, LLC

(Firm/Company)

619 98th Ave. N

(Address)

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Louise Campbell

(Name of Person)

at (239) 431-5730

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ 30.00 Filing Fee &
Certificate of Status

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

☐ \$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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 19 PM 4:50

1. The name of a limited liability company is
Health Advocate of Naples, LLC

2. The Articles of Organization were filed on December 1, 2011 and assigned document number
L11000135520

3. The date the dissolution was approved: March 15, 2012

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).

1c) Upon written consent of all the members of the LLC.

As the sole member, I consent to the dissolution of the LLC.

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

Mary Louise Campbell

Mary Louise Campbell

FILING FEE: \$25.00