## 120000012

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·		
. (Address)				
(Address)				
(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE VLLAHASSEE, FLORID

## COVER LETTER

F 19 6

	n of Corporations	**	,
SURJECT. H	ealthcare Coaching Institu	ute, LLC	
SUBJECT:	(Name of Limit	ed Liability Company)	
The enclosed Ar	ticles of Dissolution and fee(s) are submit	ted for filing.	
Please return all	correspondence concerning this matter to	the following:	
	Darelyn Mitsc	<u>L</u>	
	(Nar	ne of Person)	
	The Ayrimid Re	Jurice Groups Inc	
	1020 Junthhil	Address)  1 Av. w. Ste 150  Address)  ate and Zip Code)	
	tra i Mari	Address)	
	Ciry W(	27513	- ;* 
	(City/Sta	ite and Zip Code)	
For further infor	mation concerning this matter, please call		v*
	2		
	Sev-y M: +1ch (Name of Person)	at ( 919 ) 677-930 (Area Code & Daytime Telephone	Number)
	,		
—	ck for the following amount:		
\$25.00 Filing F	cee30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	00 Filing Fee, tate of Status & td Copy to all copy is enclosed)
		(audinic	mai copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER A	DDRESS:
	Registration Section	Registration Section	
	P.O. Box 6327	Division of Corporations Clifton Building	S 
	Tallahassee, FL 32314	2661 Executive Center (	Circle

Tallahassee, FL 32301

1. 12 h

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

The name of a limited liability company is     Healthcare Coaching Institute, LLC	
2. The Articles of Organization were filed on 2/10/20 L12000020212	and assigned document number
3. The date the dissolution was approved: \$-14	-12
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back covered to the control of the co	l liability company's dissolution pursuant to section er letter).
Written Consent of all members	s of the Company
OR-Adequate provision has been made for the del	ots, obligations and liabilities pursuant to s. 608.4421.  Ed among its members in accordance with their respective
OR-	isfaction of any judgment, order or decree which may be
ignatures of the members having the same percentage of m	embership interests necessary to approve the dissolution:
Signature	Printed Name
Marily to Mysah	Darelyn Mitsch
Mulu I Kantillan	Michael Cassatly
	FLORI I
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