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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017

Phone : (800)345-4647 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL THE PROVIDENCE GROUP OF FLORIDA, L.L.C.

Certificate of Status	0
Certified Copy	0
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DIVISION OF CONFORMIONS

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COVER LETTER

TO:

Registration Section Division of Corporations

The Providence Group of Florida, L.L.C.

(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:

Penny J. Farr Morris Manning & Martin, LLP 3343 Peachtree Rd NE Ste 1600 (Address) Atlanta, GA 30326

(City/State and Zip Code)

For further information concerning this matter, please call:

Penny Farr

Enclosed is a check for the following amount:

25,00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing F∞, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURTER ADDRESS:

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Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED 17 JUN 26 AH II: 19 DIVISION OF COK! DEAFIONS

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

١.	The name of a limited liability company is The Providence Group of Florida, L.L.C.			
2.	The Articles of Organization were filed on	April 26, 2012	and assigned	;
	document number L12000061525		se.	
3.	The delayed effective date the dissolution (effective date cannot be pringle). If the date inserted in this block does not listed as the document's effective date on the listed.	of meet the applicable st	tutory filing requirements, th	ived for filing) is date will not l
4.	A description of occurrence that resulted in 605.0707, Florida Statutes, (copy 605.0707	n the limited ilability of on back cover letter).	ompany's dissolution pur	suant to section
	The dissolution is approved by the consent of a			·
			<u> </u>	
5	. If there are no members, enter the name at	nd address of the perso	n appointed to wind up th	e company's
	activities and affairs:			
				_
				
			••	
6 li	Signature of an authorized person or if the isted above to wind up the company's activi	ere are no members, th	e signature of the person a	ppointed and
		Darla G. N	leKenzie, Esq., Authorized I	erson
_	Supature		Printed Name	
		WILLING REF: \$25.00		

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