

L12000138716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

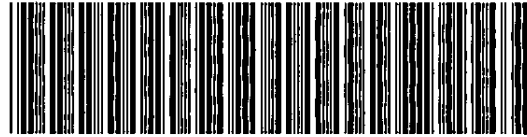
(Document Number)

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02/28/14--01006--001 \*\*25.00

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14 FEB 28 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 4 2014

T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gulf Coast Premier Health  
(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:

Amanda Kowalski

(Name of Person)

Gulf Coast Premier Health

(Firm/Company)

6836 Coyote Ridge Ct

(Address)

University Park, FL 34201

(City/State and Zip Code)

For further information concerning this matter, please call:

Amanda Kowalski

(Name of Person)

at ( 314 ) 5505747

(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

FILED  
14 FEB 28 PM 12:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
Gulf Coast Premier Health LLC
2. The Articles of Organization were filed on 11/1/2012 and assigned  
document number L12000138716
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_
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).  
The entity has become obsolete and is no longer used.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Amanda Kowalski  
6836 Coyote Ridge Ct  
University Park, FL 34201  
\_\_\_\_\_
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

Printed Name

Amanda Kowalski

Amanda Kowalski

FILING FEE: \$25.00