

L13000017332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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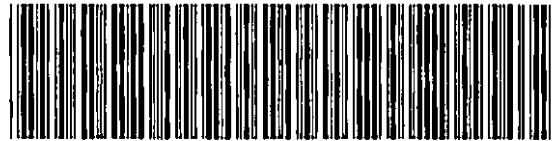
(Business Entity Name)

(Document Number)

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FILED
2019 APR -3 PM 2:09
STATE OF FLORIDA
TALLAHASSEE

R. WHITE

APR 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alice Lovell, PhD, RN, 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:

Alice Lovell, PhD
(Name of Person)
Alice Lovell, PhD, RN, LLC
(Firm/Company)
5358 Del Monte CT
(Address)
Cape Coral, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

Alice Lovell, PhD at 239, 450-4616
(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/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

2019 APR -3 PM 2:08

1. The name of a limited liability company is

Alice Lovell, PhD, RN, LLC

SECRET STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on 2.14.2013 and assigned

document number

L13000017332

last day worked

7.4.18

or 7.31.18

last day
of receive
income

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).

I closed my practice on 7.4.18 + last
payment was 7.31.18.

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

Alice Lovell, PhD and/or

Steve Hootan

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:

Alice Lovell, PhD

Signature

Alice Lovell

Printed Name

FILING FEE: \$25.00