

L13000017332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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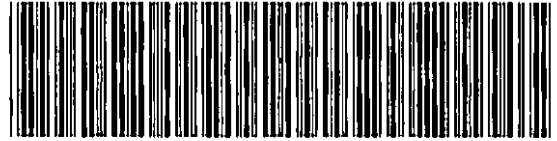
(Business Entity Name)

(Document Number)

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FILED  
2019 APR -3 PM 2:09  
STATE OF MARYLAND  
SOUTH

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

2. The Articles of Organization were filed on 2.14.2013 and assigned document number L13000017332

3. The delayed effective date the dissolution if not effective on the date of filing: 7.4.18 or 7.31.18  
(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. *last day worked*  
*last dm of receive INCOM*

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