

L17000060514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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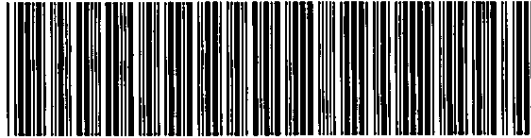
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01019--005 **25.00

FILED
15 APR 27 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILED MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH CARE REFORM ADVISORS, 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:

IAN ILLYCH MARTINEZ, ESQ.

(Name of Person)

BELLO, MARTINEZ & RAMIREZ, PL

(Firm/Company)

800 DOUGLAS ROAD, SUITE 149

(Address)

CORAL GABLES FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

IAN ILLYCH MARTINEZ

(Name of Person)

at (305) 442-7970

(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**

1. The name of a limited liability company is
HEALTH CARE REFORM ADVISORS, LLC
2. The Articles of Organization were filed on 04/24/2013 and assigned
document number L13000060514
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)
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 consent of all the members. See Fla. Stat. 605.0701(2)

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

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

FERNANDO ESPINOSA, JR.

Printed Name

FILING FEE: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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