

L13000064170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

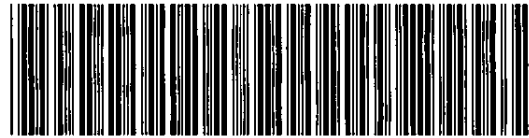
(Business Entity Name)

(Document Number)

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14 AUG 18 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG 20 2014

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADAMICH HEALTH MANAGEMENT, 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:

John M. Sakellarides

\_\_\_\_\_  
(Name of Person)

Herdman & Sakellarides, P.A.

\_\_\_\_\_  
(Firm/Company)

29605 US 19 North, Suite 110

\_\_\_\_\_  
(Address)

Clearwater, Florida 33761

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Sakellarides

\_\_\_\_\_  
(Name of Person)

727 785-1228

at ( )

\_\_\_\_\_  
(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  
ADAMICH HEALTH MANAGEMENT, LLC
2. The Articles of Organization were filed on May 1, 2013 and assigned  
document number L13000064170
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).  
No longer doing business  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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

Lisa Adamich

Printed Name

**FILING FEE: \$25.00**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA