

L13000098524

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/11/19--01018--025 **25.00

R. WHITE
FEB 15 2019

FILED
2019 FEB 11 PM 4:35
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RN CANCER GUIDES, 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:

Rochelle Friedman Walk, Esq.

(Name of Person)

AEGIS LAW

(Firm/Company)

100 S. Ashley Dr. Ste. 620

(Address)

Tampa, FL 33602

(City/State and Zip Code)

For further information concerning this matter, please call:

Rochelle Friedman Walk

(Name of Person)

at (**813**) **999-0199**

(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 FEB 11 PM 4:35

SECRET
TALLAHASSEE, FL

1. The name of a limited liability company is
RN CANCER GUIDES, LLC


2. The Articles of Organization were filed on 07/11/2013 and assigned
document number L13000098524

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).
Unanimous consent of the sole member.

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:



C:\Users\jg\Documents\Art 12.1.17

Signature

Susan Scherer

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: RN CANCER GUIDES, LLC

Document number of Limited Liability Company is: L13000098524

Date of dissolution was: 2/1/19

Description of information that must be included in a written claim:

All claims must be in writing and mailed to the
address below. Claim must include claimant's name,
address, telephone number, amount of claim and
reason for claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Susan Scherer
704 SWEETBRIAR DR
OLDSMAR, FL 34677

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Susan Scherer

Printed Name of the Person Filing


Susan Scherer, Esq. 2/1/19

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00