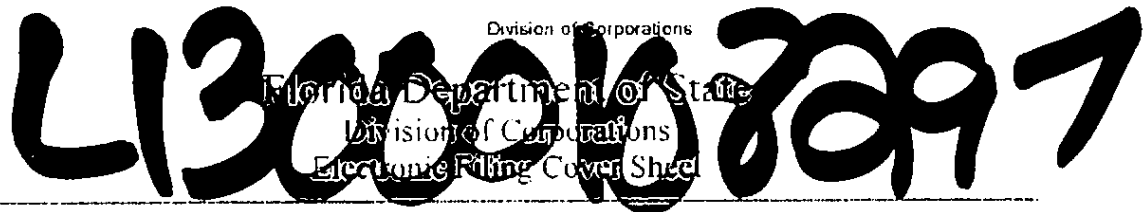


11/13/2019



Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (852) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

**LLC DISSOLUTION OR WITHDRAWAL
COMMUNITY CARE OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

2019 NOV 13 PM 14:00

Electronic Filing Menu Corporate Filing Menu

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At: Administrative Services

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

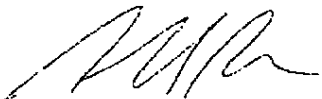
FIRST: The name of the limited liability company is: Community Care of Florida, LLC

SECOND:

The date of filing of the initial articles of organization is: July 31, 2013

THIRD: The date of filing of the dissolution is:
February 25, 2019

FOURTH: This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.



Signature of Authorized Representative

Steven H. Bohner

Typed or printed name of signature

Filing Fee: \$25.00
Certified Copy: \$30.00 (optional)

CR2E141 (12/13)