

L13000162856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

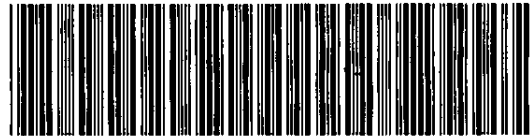
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 MAR 11 PM 1:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 12 2013

T. HAMPTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**CQC Holdings, LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Jacob W. VanLandingham (ATTN: Mary Gebel)**

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

**ConQuest Clinics, LLC**

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

**1408 Piedmont Way**

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

**Tallahassee, FL 32308**

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

For further information concerning this matter, please call:

**Mary Gebel**

**850**

**692-6326**

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

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  
CQC Holdings, LLC
2. The Articles of Organization were filed on 11/15/2013 and assigned  
document number L13000162856
3. The delayed effective date the dissolution if not effective on the date of 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 passage of 90 consecutive days during which the company has no members  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Jacob W. VanLandingham  
1408 Piedmont Way  
Tallahassee, FL 32308  
\_\_\_\_\_
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

Printed Name



Jacob W. VanLandingham

**FILING FEE: \$25.00**

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TALLAHASSEE, FLORIDA