

L14000006534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

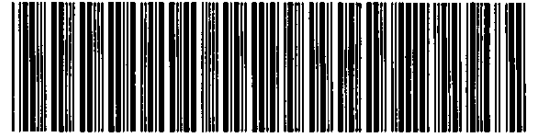
(Business Entity Name)

(Document Number)

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

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Office Use Only



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09/25/14--01003--018 \*\*25.

EFFECTIVE DATE

12/1/14

2014 SEP 23 PM 10:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. C. G. OCT 1

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Astra College of Nursing and Health Care Professionals, 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:

Maksim Klimovich, MGRM

(Name of Person)

Astra College of Nursing and Health Care Professionals, LLC

(Firm/Company)

6697 Boca Hermosa Ln

(Address)

Boca Raton, Florida, 33433

(City/State and Zip Code)

For further information concerning this matter, please call:

Maksim Klimovich

(Name of Person)

954

3305553

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

FILED

2014 SEP 25 AM 10:42

**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
ASTRA COLLEGE OF NURSING AND HEALTH CARE PROFESSIONALS, LLC
2. The Articles of Organization were filed on 01/13/2014 and assigned  
document number L14000006534
3. The delayed effective date the dissolution if not effective on the date of filing: 10/01/2014  
(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).  
Company was unable to obtain necessary licence to operate in state of Florida.
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

Maksim KLimovich, MGRM  
Printed Name

**FILING FEE: \$25.00**