

4400010591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/06/15--01015--015 **25.00

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15 AUG -6 PM 4:30
SOUTH CAROLINA
FILING OFFICE
COLUMBIA

AUG 07 2015
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IV Recovery 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:

Roseanne Tippmann
(Name of Person)

IV Recovery Management LLC
(Firm/Company)

330 SW 20th St. #3
(Address)

Fort Lauderdale, FL 33315
(City/State and Zip Code)

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15 AUG -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Roseanne Tippmann at (502) 689-4098
(Name of Person) (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 IV Recovery Management, LLC.
2. The Articles of Organization were filed on 7/3/2014 and assigned document number 440 L14000105941.
3. The delayed effective date the dissolution if not effective on the date of filing: 7/9/2015
(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).
Not enough activity to sustain
profitable 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: Roseanne Tippmann
330 SW 20th St. #3
Fort Lauderdale, FL 33315
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

Roseanne Tippmann
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: IV Recovery Management, LLC

Document number of Limited Liability Company is: L14000105941

Date of dissolution was: 7/9/2015

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

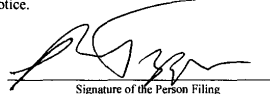
IV Recovery Management, LLC has been
dissolved due to inadequate amount
of interest in services and which
resulted in negative net profits.

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

330 SW 20th St. #3
Fort Lauderdale, FL 33315

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.

Roseanne Tippmann
Printed Name of the Person Filing


Signature of the Person Filing