

L14000 118936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

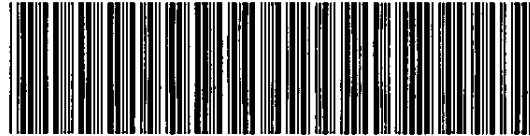
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/25/15--01007--010 **25.00

FILED
15 MAR 25 AM 9:00
STATE OF OHIO
RECEIVED

J. Shivers APR 16 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Patient Advocate in Florida 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:

Tami Gayikian

(Name of Person)

(Firm/Company)

PO Box 33355

(Address)

Indiantown, FL 32903

(City/State and Zip Code)

For further information concerning this matter, please call:

Tami Gayikian

(Name of Person)

at (954) 288-8264

(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

PATIENT Advocate in Florida, LLC

2. The Articles of Organization were filed on 7/29/14 and assigned

document number L14000118930

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)

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).

closed 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:

Tami Gayikian

PO Box 33355

Indianapolis, IN 46203

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15 MAR 25 AM 9:08

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:

Tami Gayikian
Signature

Tami Gayikian
Printed Name

FILING FEE: \$25.00