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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Quality Care Insurance LLC.
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Fatimah Muhammad
Contact Person

Quality Care Insurance LLC.
Firm/Company

2320 NW 184 St.
Address

Miami Gardens FL 33056
City, State and Zip Code

Quality Care Insurance@Comcast.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

FATIMAH MUHAMMAD at 305, 336-4273
Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Quality Care Insurance LLC
2. The document number of the company is L14000175998
3. The effective date the Dissolution was filed is 7/2/2019
4. The revocation of dissolution was authorized on 7/2/2019
5. A copy of the Articles of Dissolution is attached.

Fatimah Muhammad
Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

2019 SEP 13 10:21

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Jul 02, 2019
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

QUALITY CARE INSURANCE LLC

The document number of the limited liability company: L14000175998

The file date of the articles of organization: November 12, 2014

The effective date of the dissolution if not effective on the date of filing: July 2, 2019

A description of occurrence that resulted in the limited liability company's dissolution:

CITY OF MIAMI GARDENS

The name and address of the person appointed to wind up the company's activities and affairs:

FATIMAH MUHAMMAD
2320 NW 184 ST SUITE # A
MIAMI GARDENS, FL 33056

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: **FATIMAH MUHAMMAD**

Electronic Signature of authorized person