

L15000031301

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

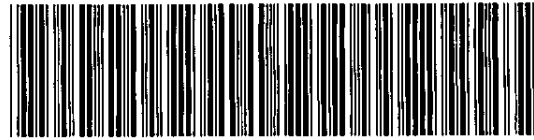
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271667831

RECEIVED
15 APR 20 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 APR 20 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 21 2015

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 581023 8035474

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : April 8, 2015

ORDER TIME : 5:30 PM

ORDER NO. : 581023-010

CUSTOMER NO: 8035474

DOMESTIC FILINGS

NAME: PERFORMANCE HEALTH CARE
ANALYTICS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER'S INITIALS: _____

FILED

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

2015 APR 20 AM 10:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
PERFORMANCE HEALTH CARE ANALYTICS, LLC
2. The Articles of Organization were filed on 02/19/2015 and assigned
document number L15000031301
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).
formed in error
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:

David Fraiberg
Signature

DAVID B. FRAIBERG

Printed Name

FILING FEE: \$25.00