

L15000075107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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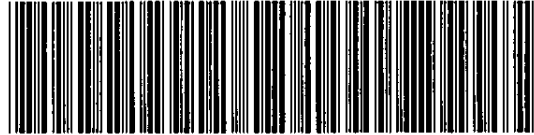
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2016 MAY -3 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 MAY -3 PM 4:26

K. S. ALY
EXAMINER

MAY -4 -

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

ACCOUNT NO. : I20000000195
REFERENCE : 115326 7998011
AUTHORIZATION : 
COST LIMIT : \$25.00

ORDER DATE : April 25, 2016
ORDER TIME : 2:54 PM
ORDER NO. : 115326-005
CUSTOMER NO: 7998011

DOMESTIC FILINGS

NAME: CARPEVITA CARE MANAGEMENT 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: Courtney Williams - EXT# 62935

EXAMINER'S INITIALS: _____

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
CARPEVITA CARE MANAGEMENT LLC

2. The Articles of Organization were filed on 04/28/2015 and assigned
document number L15000075107

3. The delayed effective date the dissolution if not effective on the date of filing: 4/25/2016
(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).

Partnership dissolved

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Richard Desimone

82 Rowitrus Road

Far Hills NJ 07931

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

RICHARD DESIMONE

Printed Name

FILING FEE: \$25.00