

L15000098843

(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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2015 OCT 15 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

OCT 16 2015  
J. HARRIS

COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Healthcare Concepts LLC

**DATE:** July 31, 2015

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joe Miller  
19659 Maddelena Circle  
Ft. Meyers, Florida 33967

For further information concerning this matter, please call:

Joe Miller at 239-437-0241

Enclosed is a check for the following amount:

\_\_\_\_\_ \$25.00 Filing Fee and Certificate of Dissolution

  X   \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**

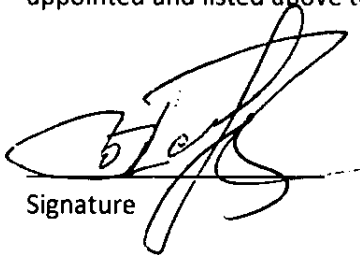
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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 **Healthcare Concepts LLC**
2. The Articles of Organization were filed on June 5, 2015 and assigned document number L15000098843
3. The delayed effective date the dissolution if not effective on the date of filing: **NA**
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): **Pursuant to Operating Agreement and agreement and consent of the Members.**
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. All debts, obligations, and liabilities have been paid or discharged and adequate provision has been made to pay or discharge, all remaining LLC property and assets have been distributed among the Members in accordance with their respective rights and interests, and there are no suits pending against the LLC in any court.
7. 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

Oksana Palamarchuk  
Printed Name

**FILED**  
2015 OCT 15 AM 11:15  
CLERK OF STATE  
TALLAHASSEE FLORIDA