

L15000193284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

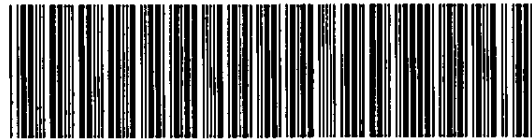
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000283918370

04/01/16--01010--008 **25.00

FILED
2016 APR -1 PM 1:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR - 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ATLAS HEALTH SERVICES 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:

FRANK A. MCBRIDE IV

(Name of Person)

ATLAS HEALTH SERVICES LLC

(Firm/Company)

1815 HIGH RIDGE ROAD

(Address)

LAKE WORTH, FL 33461

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK MCBRIDE

(Name of Person)

at 916 216-9275

(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**

FILED
2016 APR -1 PM 1:37
DEPT. OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
ATLAS HEALTH SERVICES LLC

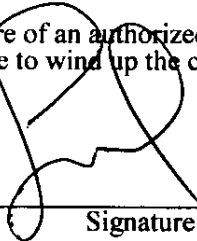
2. The Articles of Organization were filed on 11/16/2015 and assigned
document number L1500193284

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)
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).
UNABLE TO GENERATE REVENUE DUE TO LACK OF CUSTOMERS

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:



Signature

FRANK ALBERT MCBRIDE IV

Printed Name

FILING FEE: \$25.00