

L15000201196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

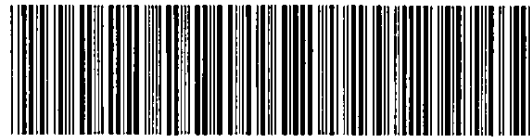
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/15/11 09:15:01 **2**

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17 JUL -5 AM 11:49
CLERK OF COURT
ALABAMA
TALLAHASSEE, FLORIDA

JUL 17 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dissolution of Limited Liability Company

DOCUMENT NUMBER: L15000201196

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christine C. Hunter
(Name of Contact Person)

SARASOTA BEHAVIORAL HEALTH SERVICES, LLC
(Firm/Company)

72 ROOSEVELT DRIVE
(Address)

EAST NORWICH, NEW YORK 11732
(City/State and Zip Code)

For further information concerning this matter, please call:

Christine C. Hunter at (516) 242-9536
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy
(Additional copy is enclosed) | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed) |
|---|---|---|---|

MAILING ADDRESS:

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

STREET ADDRESS:

Amendment 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

SARASOTA BEHAVIORAL HEALTH SERVICES

2. The Articles of Organization were filed on NOV. 25, 2015 and assigned

document number L15000201196

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.

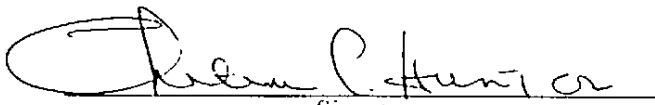
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter).

I CAN NO longer travel to STATE OF
FLORIDA TO INSTITUTE PRACTICE
Will only practice in New York State
At This time.

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

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HASSELL
FLORIDA

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

CHRISTINE C. HUNTER
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: SARASOTA BEHAVIORAL HEALTH SERVICES LLC

Document number of Limited Liability Company is: L15000201196

Date of dissolution was: 6/30/17

Description of information that must be included in a written claim:

N/A - NO PATIENT POPULATION -
PRACTICE NEVER ESTABLISHED.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

72 Roosevelt Drive
EAST NORWICH, New York 11732

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TALLAHASSEE, FLORIDA

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

CHRISTINE C. HUNTER
Printed Name of the Person Filing

Christine C. Hunter
Signature of the Person Filing