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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 937923 8077746

AUTHORIZATION :

COST LIMIT : (\$\25.00

ORDER DATE: December 30, 2015

ORDER TIME : 10:24 AM

ORDER NO. : 937923-005

CUSTOMER NO: 8077746

DOMESTIC FILINGS

NAME: CONTINUITY CARE GROUPS LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER'S INITIALS:

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabilit Continuity Care Groups LLC	y company is	
2.	The Articles of Organization	were filed on 12/22/2015 and assigned	
	document number L1500021	1682	
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 t 605.0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolution pursuant to section opy 605.0707 on back cover letter).	n
	The company is no longer doing	business as a Florida domestic LLC.	
		F2 6	in in
5.	If there are no members, ente activities and affairs:	r the name and address of the person appointed to wind up the company's Cristy D. McKillop	M -5
		751 Park Of Commerce Drive #128	墨
		Boca Raton, FL 33487	G 34
6. lis	Signature of an authorized peted above to wind up the comp	rson or if there are no members, the signature of the person appointed and pany's activities and affairs: Cristy D. McKillop	
_	Signature	Printed Name	
		FILING FEE: \$25.00	