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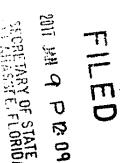
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Exacta Care, LLC (Name of Limited Liability Company)
(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:
Morgan W. Lang (Name of Person)
(Name of Person)
Frank. Care
Cxacta Lare (Firm/Company)
1178 Venetian Harbor Dr NE
St. Petersburg FL 33702
(Chy/state and Zip Codg)
For further information concerning this matter, please call:
Morgan or Kyrang at (8/3) 957-8773 (Area Code & Daytime Telephone Number)
(Maine of Foliation)
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

1.	The name of a limited liability company is Exacta Care LLC.
2.	The Articles of Organization were filed on
	document number
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). Never Started business Serious illiness
	to partners family
5.	If there are no members, enter the name and address of the person appointed to wind up the company's
3.	activities and affairs: Morgan Lans Emmet Oyden
6.	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	Morgan W. Lang Signature Printed Name
	Signature Printed Name FILING FEE: \$25.00