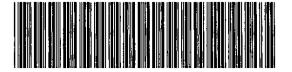
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SECRETARY ATTENDA

08/15/16--01019--027 **25.00

NIG 17 2016 J. HARRIS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AP Health Care Management 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:

Sheri Y Prentiss					
(Name of Person)					
(Firm/Company)					
2238 N Cypress Bend Drive Apt 502					
(Address)					
Pompano Beach, FL 33069					
(City/State and Zip Code)					

For further information concerning this matter, please call:

Sheri Y Prentiss

_847

602-2277

(Name of Person)

(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

AKTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

AP Health Care Management	, ,			•			
2. The Articles of Organizatio	n were filed on	February 15, 2016	and assigne	d			
document number L160000	31624						
Note: If the date inserted in	this block does no	if not effective on the date of fill or to or more than 90 days later than do to meet the applicable statutory fillion Department of State's records.	ate document is rece	ived for ming)			
4. A description of occurrence 605.0707, Florida Statutes,	that resulted in	the limited liability company's on back cover letter).	s dissolution pur	suant to section			
The business never became ac							
5. If there are no members, en activities and affairs:	ter the name an	d address of the person appoint	ed to wind up th	e company's			
	2238 N Cypress Bend Drive Apt 502						
	Pompano Beach, FL 33069						
6. Signature of an authorized listed above to wind up the con	person or if ther mpany's activiti	re are no members, the signature ies and affairs:	e of the person a	pipled and OUL ARYA			
Dier V Frents	st mo-	Sheri Y Prentiss		SSE G			
Signature			nted Name				
	F	TLING FEE: \$25.00		2: 0			