

LL60000 51617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

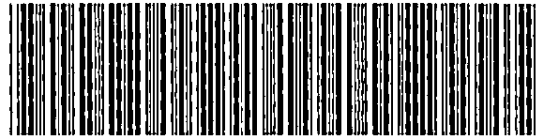
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/19--01012--034 **25.00

APPROVED
AND
FILED

2019 APR 12 PM 6:17

SECRETARY OF STATE
MAIL ROOM - 2100

T.G.
04/17/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH SERVICES INNOVATION
(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:

ADA TAPPER

(Name of Person)

OPTIMUM CURIS, LLC

(Firm/Company)

5668 FISH HAWK CROSSINGS BLVD. STE 12

(Address)

LITHIA, FL 33547

(City/State and Zip Code)

APPROVED
AND
FILED
2019 APR 12 PM 6:17
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ADA TAPPER

(Name of Person)

at (813) 731-1463

(Area Code & Daytime Telephone Number)

Enclosed is ☒ 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

HEALTH SERVICES INNOVATION, LLC

2. The Articles of Organization were filed on 03/14/2016 and assigned

document number L16000051617

3. The delayed effective date the dissolution if not effective on the date of filing: 03/14/2019
(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).

IRRECONCILABLE DIFFERENCES BETWEEN INVESTING
PARTIES

APPROVED
AND
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2016 APR 12 PM 6:17
DEPARTMENT OF STATE

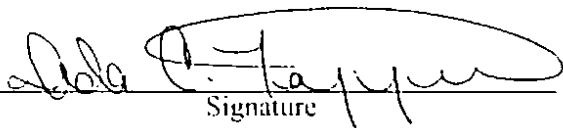
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

ADA TAPPER

5668 FISHHAWK CROSSINGS BLVD STE. 121

LITHIA, FL 33547

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

ADA C TAPPER
Printed Name

FILING FEE: \$25.00