

L16000052029

(Requestor's Name)

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(Business Entity Name)

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10/28/16--01006--001 **25.00

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2016 OCT 28 PM 3:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**K. SALY
OCT 31 2016**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Complete Clinical Care, 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:

Travis Gray
(Name of Person)

Complete Clinical Care, LLC
(Firm/Company)

3640 N. Federal Hwy B3 #128
(Address)

Lighthouse Point, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Travis Gray at (954) 599-8946
(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

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2016 OCT 28 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Complete Clinical Care, LLC

2. The Articles of Organization were filed on 3/14/2016 and assigned

document number L16000052029

3. The delayed effective date the dissolution if not effective on the date of filing: 10/30/16
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

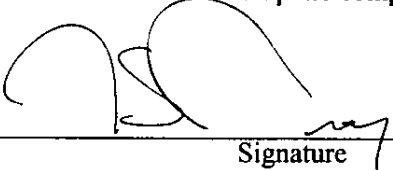
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).

Company never generated a profit. Partners unable
to invest time or money into growth.

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

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

Travis Gray

Printed Name

FILING FEE: \$25.00