L16000133062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
NOV 18 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA FIRST STEP RECOVERY CTR 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:

VIENGKEO BOUNEMANY
(Name of Person)

(Firm/Company)

5682 STAG THICKET LN
(Address)

PALM HARBOR, FL 34685
(City/State and Zip Code)

For further information concerning this matter, please call:

VIENGKEO BOUNEMAI at (614) 747-3356
(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

1. The name of a limited liability company is
   FLORIDA FIRST STEP RECOVERY CENTER LLC

2. The Articles of Organization were filed on 07/14/2016 and assigned

   document number L16000133062

3. The delayed effective date the dissolution if not effective on the date of filing: 12/01/2016
   (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).*
   NO BUSINESS ACTIVITY TRANSACTED

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:

Viengkeo B
Signature

VIENGKEO BOUNEMANY
Printed Name

FILING FEE: $25.00

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TALLAHASSEE, FLORIDA