

116000183576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

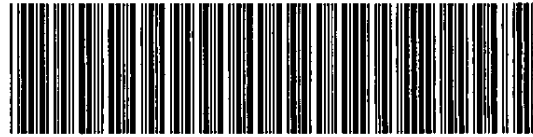
(Document Number)

Certified Copies _____ Certificates of Status _____

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100298269541

04/25/17--01006--022 **25.00

RECEIVED
2017 APR 24 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
2017 MAY 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAY 11 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTHLINK7 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:

RATANUN, THANYA

(Name of Person)

HEALTHLINK7 LLC

(Firm/Company)

1310 OAK HARBOUR LANE

(Address)

MALABAR, FL 32950

(City/State and Zip Code)

For further information concerning this matter, please call:

RATANUN, THANYA

(Name of Person)

at (321) 698-6696

(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
2017 MAY 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

HEALTHLINK7 LLC

2. The Articles of Organization were filed on 10/03/2016 and assigned

document number L16000183576

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).

NO business and no income -

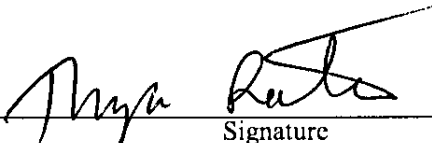
~~###~~

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

myself -

~~###~~

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

4/19/17

TIANYA RATANUN

Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 26, 2017

HEALTHLINK7 LLC
THANYA RATANUN
1310 OAK HARBOUR LANE
MALABAR, FL 32950

SUBJECT: HEALTHLINK7 LLC
Ref. Number: L16000183576

We have received your document for HEALTHLINK7 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00008137