117000040755

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(D.)	oin and Entity No.	
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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D. SCOTT MAY 3 2017

COVER LETTER

Division of Corporations
SUBJECT: PENNY'S Health COFE L.L.C.
(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:
Penny Virgueto (Name of Person)
Penny's Health care "L.L.C"
815 Trinidad AVE S. F.
Palm Bay F1 32909 (City/State and Zip Code)
For further information concerning this matter, please call:
Penny Virgulto at (321) 914-0351 (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: STREET/COURIER ADDRESS
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32314 Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is Penny's Health case L.LC.		
2.	The Articles of Organization were filed on February 2,2017 and assigned		
	document number <u>L 17000040755</u>		
3.	3. The delayed effective date the dissolution if not effective on the date of filing: 12.2017 (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 clients.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's		
	activities and affairs: Yenny Viegulto		
	Palm Bay FI SET		
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
د عب	enny Vingulta Penny Virgulto		

FILING FEE: \$25.00