

L17000077056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

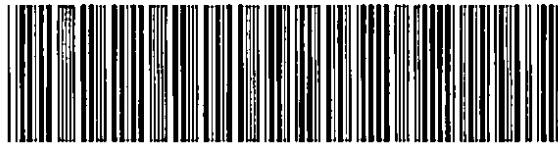
(Document Number)

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17 OCT 20 AM 11:10  
DIVISION OF

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C. SIMMONS  
OCT 23 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SPECIALIZED HEALTHCARE SOLUTIONS, LLC**

**SUBJECT:** \_\_\_\_\_  
(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:

**Karen Starr-Brady**

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

**233 Durrance Street**

\_\_\_\_\_  
(Address)

**Punta Gorda, Florida 33950**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Karen Starr-Brady**

**908**

**910-0791**

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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  
SPECIALIZED HEALTHCARE SOLUTIONS, LLC

2. The Articles of Organization were filed on April 5, 2017 and assigned  
document number L17000077056

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).

Husbands post pacemaker insertion and 27+ hours of A-Fib that resulted in multiple strokes, TIA's and

continued health issues that has required my focus of attention since April 20, 2017. I am not able to own or

operate a company now or in the near future. No business and/or money has ever been generated by this LLC.

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

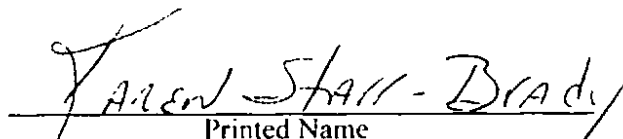
Karen Starr-Brady

233 Durrance Street

Punta Gorda, Florida 33950

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

  
Printed Name

**FILING FEE: \$25.00**

FILED  
17 OCT 20 AM 11:14  
DIVISION 1