

L17000117852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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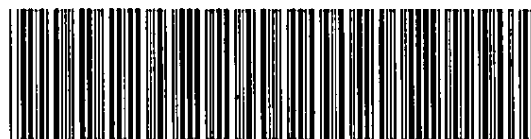
(Business Entity Name)

(Document Number)

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18 MAY 17 AM 11:19
KILLBUCK, OH 43033

O SIMMONS

MAY 18 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QA Nurse Consultant 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:

Phyllis Van Horn
(Name of Person)

(Firm/Company)

2810 53rd St. South
(Address)

Coulport FL 33707
(City/State and Zip Code)

For further information concerning this matter, please call:

Phyllis Van Horn at 727, 502-7567
(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

QA Nurse Consultant LLC

2. The Articles of Organization were filed on 5/30/2017 and assigned

document number L17000117852

3. The delayed effective date the dissolution if not effective on the date of filing: 5/1/18
(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).

Stopped Working as Nurse Consultant
1/1/2018

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

Phyllis Van Horn
2810 53rd St. South
Gulfport FL 33707

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:

Phyllis Van Horn
Signature

Phyllis Van Horn
Printed Name

FILING FEE: \$25.00