

L17000134755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

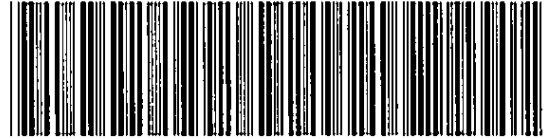
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/24/19--01015--010 **25.00

FILED
19 MAY 17 PM 3:23
CLERK OF COURT
JANET L. HARRIS
CLERK OF COURT

O SIMMONS

MAY 21 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2019

JACQUES AUGUSTIN
771 NE 161 ST
MIAMI, FL 33162

SUBJECT: SOB FREE RESPIRATORY CARE SERVICES,LLC
Ref. Number: L17000134755

We have received your document for SOB FREE RESPIRATORY CARE SERVICES,LLC and your check(s) totaling \$. 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.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 819A00008977

RECEIVED
MAY 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOB Free Restorative Care Services Inc.
(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:

JACQUES Augustin
(Name of Person)

(Firm/Company)

771 NE 161st
(Address)

MIAMI FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

JACQUES Augustin, 790, 457-4184
(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

506 Tree Restorative Care Services, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L17000134735

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).

The company generates no income
\$0. for two years.

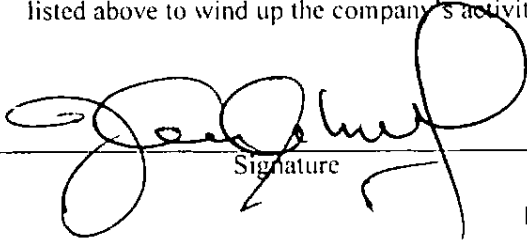
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

I was by myself. None
else

Jacques Augustin

771 NE 161 St, Miami, FL 33162

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

Jacques Augustin
Printed Name

FILING FEE: \$25.00