

12/5/24 8:09 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561)626-4742
Fax Number : (561)626-4742

**LLC DISSOLUTION OR WITHDRAWAL
DIRECT HEALTH LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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K. SALY
DEC - 6 2024

H24000400404 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Direct Health 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:

Andrew R. Comiter, Esq.

(Name of Person)

Comiter, Singer, Baseman & Braun, LLP

(Firm/Company)

3825 PGA Blvd., Suite 701

(Address)

Palm Beach Gardens, FL 33410

(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Byers

(Name of Person)

at (

561

626-2101

) _____
(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000400404 3

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Direct Health LLC

2. The Articles of Organization were filed on June 30, 2017 and assigned
document number L17000141784


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 dissolution was authorized and consented to by the Members.

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

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

Alec Buico, Manager

Printed Name

FILING FEE: \$25.00

FILED
2024 DEC -5 PM 3:26
TALLAHASSEE, FLORIDA