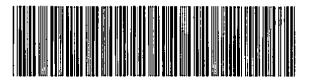
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(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificate	s of Status
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COVER LETTER

Division of Corporations
SUBJECT: PREVIEW HEAlth Techology LLC (Name of Limited Liability Company)
(Name of Limited Liability⊀ ompany)
The enclosed Articles of Dissolution and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Eystein
(Name of Person)
(Firm/Company)
• •
372 Still FOREST TORKACE
(Address)
SANFORD (-1. 32771 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
Paul 6 , le 1 714 735-0456
Paul Cysk// at 1 7/4 235-045 b (Nank 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)
Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:
Registration Section Registration Section Division of Comparations
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

۱.	The name of a limited liability company is PREVIENT HEALTH TECHNOLOLY, LLC
2.	The Articles of Organization were filed onand assigned
	document number <u>L 17:00001\$0539</u>
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). PREVIENT HEALTH TECHNOLOGY, LLC 15
	BEING DISSOLUTED DUE TO INACTIVITY
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: PAUL EPSTE/N
	372 STILL FOREST TERRACE
	SANFORD, FL32771
6. li:	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
	PRULEPSTEIN.
	Signature Printed Name 9
	FILING FEE: \$25.00 FILING FEE: \$25.00 FILING FEE: \$25.00
	03

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

	-C
Document number of Limited Liability Company is: L17000150539	
Date of dissolution was: AUCUST 7, 7.019	
Description of information that must be included in a written claim:	
PREVIENT HEALTH TECHNOLOGY, LLC 15	
BEHGDISSOWED DUE TO INACTIVITY	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
PAULEPSTEIN PAULEPSTEIN Solution of Corporations)	
3 TL STILL FUNEST TERKALE = 3	
PAULEPSTEIN 372 STILL FUNEST TERKAGE SANFORD, FL 32771	
>> ·····	
A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.	

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00