

L17000 150849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

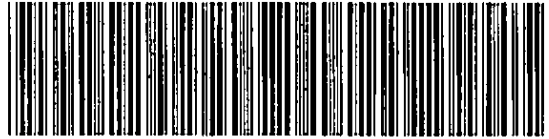
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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JUN 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2018

JOEL MARTINEZ
3226 LAS BRISA DR
RIVERVIEW, FL 33578

SUBJECT: HEART ATTACK CARE LLC
Ref. Number: L17000150849

We have received your document for HEART ATTACK CARE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Dissolution page is missing. Please complete the enclosed page and resubmit.

Please return the corrected original and one copy of 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.

Brittany M Figueroa
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 118A00008012



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SECTION OF
CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heart Attack Care 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:

Joel Martinez

(Name of Person)

Heart Attack Care LLC

(Firm/Company)

3226 Las Brisa Drive

(Address)

Riverview FL 33578

(City/State and Zip Code)

For further information concerning this matter, please call:

Joel Martinez

(Name of Person)

813 770-4179

at ()

(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

HEART ATTACK CARE LLC

2. The Articles of Organization were filed on APRIL 25, 2018 and assigned

document number L17000150849

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 Limited LIABILITY COMPANY IS CLOSED
BECAUSE IT NEVER FUNCTIONED.

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

JOEL MARTINEZ
3226 LAS BRISAS DR
RIEVIEW, FL 33578

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CL

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

JOEL MARTINEZ

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

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.

Name of Limited Liability Company: Heart Attack Care LLC
Document number of Limited Liability Company is: L17000150849
Date of dissolution was: Dec 31, 2017

Description of information that must be included in a written claim:

Closed we never make any business with it

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

3226 Las Brisas Drive, Riverview Fl
33578

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.

Joel Martinez

Printed Name of the Person Filing



Signature of the Person Filing