



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 10, 2019

GENESARET HEALTHCARE SERVICES, LLC  
PO BOX 17596  
JACKSONVILLE, FL 32245

SUBJECT: GENESARET HEALTHCARE SERVICES, LLC  
Ref. Number: L17000172279

5000337982525

Debit Memo #: 040820-C

Due to your failure to respond to our previous letter advising you of the attached returned check #325, the 2019 annual report has been cancelled and is considered not filed as of December 10, 2019. The entity has now been administratively dissolved/revoked and will have to reinstate and pay all fees due this office to return to active status.

Enclosed is the certificate of dissolution/revocation.

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely  
Tammi Cline  
Regulatory Specialist III  
Division of Corporations

Letter number: 219A00025019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 11, 2019

GENESARET HEALTHCARE SERVICES, LLC  
PO BOX 17596  
JACKSONVILLE, FL 32245

SUBJECT: GENESARET HEALTHCARE SERVICES, LLC  
Ref. Number: L17000172279

Debit Memo #: 040820-C

This is to inform you that your check #325 dated September 20, 2019 in the amount of \$416.25 submitted with the annual report for GENESARET HEALTHCARE SERVICES, LLC has been returned to us by your bank because of NOT SUFFICIENT FUNDS.

As this payment cannot be replaced from our website and we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$437.06 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: This annual report will be cancelled and considered not filed unless a replacement check is received within 30 days from the date of this letter. If the annual report is cancelled for non-payment, the entity will be administratively dissolved for failure to file the annual report and pay the fees pursuant to Florida Statutes.

Send the replacement check to:

Division of Corporations  
Attn: Tammi Cline  
P.O. Box 6327  
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (850) 245-6939.

Sincerely,  
Tammi Cline

Regulatory Specialist III  
Division of Corporations

Letter number: 619A00020950