

L17000189231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

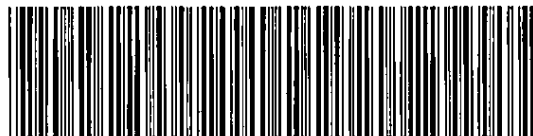
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

wrong form

Office Use Only



500317960015

09/17/18--01012--001 \*\$35.00

18 OCT -5 PM 3:42  
CLERK OF SUPERIOR COURT  
STATE OF CONNECTICUT

Dissolution

OCT 17 2018

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Empower Detoxification & Recovery Center  
(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:

LIZA ACOSTA  
(Name of Person)  
Empower Detox & Recovery Center  
(Firm/Company)  
2500 N. Powerline Rd Ste 7  
(Address)  
Pompano Beach, FL 33069  
(City/State and Zip Code)

For further information concerning this matter, please call:

LIZA ACOSTA at ( 561 ) 716-6894  
(Name of Person) (Area Code & Daytime Telephone Number)

18 OCT -5 PM 3:42  
CORPORATE SERVICES  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2018

LISA ACOSTA  
EMPOWER DETOXIFICATION & RECOVERY CENTER  
733 NW 28TH ST  
WILTON MANORS, FL 33311

SUBJECT: EMPOWER DETOXIFICATION AND RECOVERY CENTER "LLC"  
Ref. Number: L17000189231

We have received your document for EMPOWER DETOXIFICATION AND RECOVERY CENTER "LLC" and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 218A00019662

RECEIVED  
18 OCT -5 AM 10:36  
SECRETARY OF  
CORPORATIONS

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Empower Detoxification & Recovery Center

2. The Articles of Organization were filed on 9/6/17 and assigned

document number L17000189231

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 was dissolved due to  
insufficient funding. The delayed payments  
from insurance companies made it difficult  
to pay staff & cover overhead costs.

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

LRA ACOSTA  
733 NW 28th St  
Wilton Manors, FL 33311

18 OCT -5 PM 3:42

RECEIVED  
FLORIDA DEPARTMENT OF  
STATE  
OCT 18 2017

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

LRA ACOSTA  
Printed Name

FILING FEE: \$25.00