

L17000213580

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(Address)

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(City/State/Zip/Phone #)

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2017 DEC 26 PM 4:02

17 DEC 27 PM 12:27  
FILED  
FALL ARIZONA

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J. LEGGETT  
DEC 27 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: R+M HEALTH ADVOCATES  
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan R. Maine-Riggio  
(Name of Person)

N/A  
(Firm/Company)

4 Lakepoint Circle  
(Address)

Port Orange, FL 32128  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joan R. Maine-Riggio at ( 386 ) 882-6859  
(Name 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)

**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

R&M Health Advocates, LLC

2. The Articles of Organization were filed on October 16, 2017 and assigned

document number L17000213580

3. The delayed effective date the dissolution if not effective on the date of filing: N/A  
(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).

No Business conducted under this name.

Members realized they cannot work together

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:

Joan R Maize  
Signature

Joan R Maize  
Printed Name

FILING FEE: \$25.00

FILED  
17 DEC 27 PM 12:28  
CLERK