

L17 000 259 895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

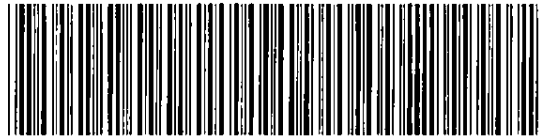
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/25--01030--004 **25.00

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2025 FEB 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ES Optimal Health Network of Florida, 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:

John Hannon

(Name of Person)

Episode Solutions

(Firm/Company)

102 Woodmont Blvd Suite 350

(Address)

Nashville, TN 37205

(City/State and Zip Code)

For further information concerning this matter, please call:

John Hannon at () 615 260-4874

(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)

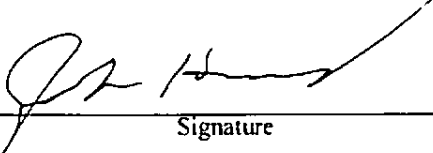
Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
ES Optimal Health Network of Florida, LLC
2. The Articles of Organization were filed on 12/21/2017 and assigned
document number L17000259895
3. The delayed effective date the dissolution if not effective on the date of filing: 1/6/2025
(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 longer in business
No longer in business
No longer in business
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: John Hannon
102 Woodmont Blvd. Suite 350
Nashville, TN 37205
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

John Hannon

Printed Name

FILING FEE: \$25.00

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SECRETARY OF
TALLAHASSEE

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