

L18000040286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

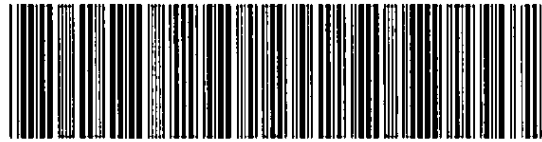
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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300378311013

Effective Date 12/31/2021

12/27/21--01017--026 **25.00

FILED
2021 DEC 27 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FL

Dissolution

JAN 05 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COPE 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:

Daniel T. Sullivan, Esq. MBA

(Name of Person)

Accountant and Business Advisors

(Firm/Company)

215 Center Park Drive, Suite 1600

(Address)

Knoxville, TN 37922

(City/State and Zip Code)

For further information concerning this matter, please call:

Daniel Sullivan

(Name of Person)

865

384-2509

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

SECRETARY OF STATE
TALLAHASSEE, FL

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

1. The name of a limited liability company is

COPE CARE, LLC

2. The Articles of Organization were filed on 02/13/2018 and assigned

document number L18000040286

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2021
(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).

Purpose of the LLC has been completed

Purpose of the LLC has been completed

Purpose of the LLC has been completed

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 W. COPE, MD

8310 EAGLE POINTE DR

MERIDIAN, MS 39305

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 W. Cope, MD

Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FL