

L19000076260

(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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03/23/20 - 01021 - 018 *\$55.00

2020 MAR 23 PM 1:53

R WHITE

APR 03 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A E Health Consulting 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:

Anne Elwell
(Name of Person)

(Firm/Company)
3704 Cotton green Path Dr
(Address)
Naples FL 34114
(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Elwell at 860, 302 8019
(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

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

2020 MAR 23 PM 1:53

1. The name of a limited liability company is

A E Health Consulting LLC

2. The Articles of Organization were filed on 3/27/2018 and assigned

document number H18000097211

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):

unable to generate 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:

Anne Stwell
3704 Cotton Green Path Dr
Naples, FL 34114

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]
Signature

Anne D Stwell
Printed Name

FILING FEE: \$25.00