

L18000086265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

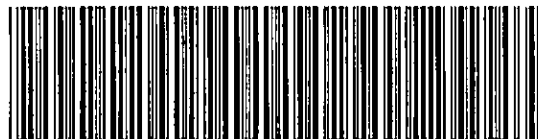
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/26/21--01017--010 **25.00

MAR 10 2021
S. YOUNG

2021 JAN 26 PM 6:18

CHIEF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANKLE MONITORING SERVICES OF SW REGIONAL 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:

Brittney Rice
(Name of Person)

ANKLE MONITORING SERVICES OF SW REGIONAL LLC
(Firm/Company)

1096 WHITE HEAD CREEK LOOP
(Address)

FL MYERS FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Brittney Rice at (239) 980-2703
(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**

1. The name of a limited liability company is

ANKIE MONITORING SERVICES OF SW REGIONAL LLC

2. The Articles of Organization were filed on 04-06-2018 and assigned

document number 48000086265

3. The delayed effective date the dissolution if not effective on the date of filing: 1-23-2021
(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).

THE BUSINESS REQUESTS QUALIFICATIONS THAT I
CANNOT FULFILL.

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

2021 JAN 26 PM 6:18

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

Brittany Kue
Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company ANKLE MONITORING SERVICES OF SW REGIONAL
LLC

Document number of Limited Liability Company is: L18000086265

Date of dissolution was: 1-22-2021

Description of information that must be included in a written claim:

THE BUSINESS THAT I WAS TRYING TO PURSUE
JUST LET ME KNOW THAT I AM NOT ELIGIBLE
TO MEET THE REQUIREMENTS

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

10916 WHITEHEAD CREEK LOOP
FORT MYERS, FL 33916

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Brittany Rice

Printed Name of the Person Filing

B. Rice

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00