

L18000212006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

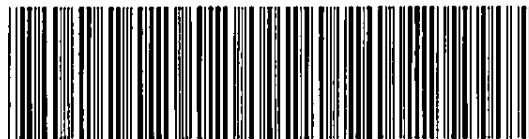
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
OFFICE  
TALLAHASSEE, FL

FILED  
FEB 14 2012

ALNT  
08/06/24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cardiocare of Jacksonville, 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:

Lucien N. Abboud, M.D.

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

2136 Autumn Cove Cir

\_\_\_\_\_  
(Address)

Fleming Island, FL 32003

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Lucien N. Abboud, M.D.

\_\_\_\_\_  
(Name of Person)

904

280-2055

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  
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  
Cardiocare of Jacksonville, LLC

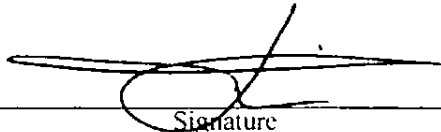
2. The Articles of Organization were filed on 9/05/2018 and assigned  
document number L18000212006

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).  
Upon the unanimous decision of all members, they decided to dissolve this entity

5. If there are no members, enter the name and address of the person appointed to wind up the company  
activities and affairs: Lucien N. Abboud, M.D.  
2136 Autumn Cove Circle, Fleming Island, FL 32003

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

Lucien N. Abboud, M.D.  
Printed Name

**FILING FEE: \$25.00**