

L19 000025687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

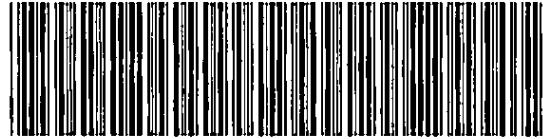
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800355841948

12/14/20--01020--013 \*\*25.00

FILED  
2020 DEC 14 PM 6:25  
JAN 28 2021

JAN 28 2021  
S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Center for Brain Health, 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:

Nicola Kobritz

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

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

5602 Marquesas Circle, Suite 105

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

Sarasota, FL 34233

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

For further information concerning this matter, please call:

Nicola Kobritz

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

941 925-9532

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**

2020 DEC 14 PM 6:26

FILED

1. The name of a limited liability company is  
Center for Brain Health, LLC
2. The Articles of Organization were filed on January 24, 2019 and assigned  
document number L19000025687
3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2020  
(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 purpose of the company is no longer economically viable.  
The business purpose of the company is no longer economically viable.  
The business purpose of the company is no longer economically viable.
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:  
Nicola C. Kobritz  
5602 Marquesas Circle, Suite 105  
Sarasota, FL 34233
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:

Nicola C. Kobritz  
Signature

Nicola C. Kobritz  
Printed Name

**FILING FEE: \$25.00**

Center for Brain Health, LLC  
5602 Marquesas Circle, Suite 105  
Sarasota, FL 34233

To: Florida Division of Corporations

Re: Dissolution of LLC / Center for Brain Health, LLC

To whom it may concern:

This letter serves as statement for the following three items:

- That all LLC debts, obligations, and liabilities have been paid or discharged, or that adequate provision has been made to pay or discharge.
- That all remaining LLC property and assets have been distributed among the members in accordance with their respective rights and interest.
- That there are no suits pending against the LLC in any court.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nicola Kobritz', with a stylized flourish extending from the end.

Nicola Kobritz  
Registered Agent/Manager