

L19000 055 323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

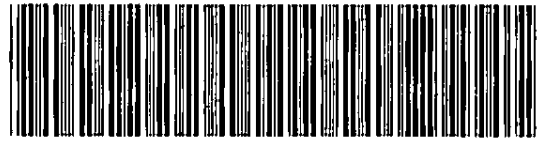
(Business Entity Name)

(Document Number)

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2019 AUG 26 AM 9:40  
SEP 06 2019  
TALLAHASSEE, FL 32301

Y SULKER

SEP 06 2019

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SCH Medical, 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:

Samantha C. Holroyd  
(Name of Person)

SCH Medical, LLC  
(Firm/Company)

5696 NW Croton Ave  
(Address)

Port Saint Lucie, FL 34986  
(City/State and Zip Code)

For further information concerning this matter, please call:

Samantha C. Holroyd at ( 603 ) 818-9004  
(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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of a limited liability company is

SCH Medical, LLC

2. The Articles of Organization were filed on February 26, 2019 and assigned  
document number L19000055323

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).

Owner (Samantha C. Holroyd) no longer wants to continue this business operation.

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

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

5/21/19 Samantha C. Holroyd

Printed Name

**FILING FEE: \$25.00**

2019 AUG 26 AM 9:40

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