

L19 0000 694 03

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

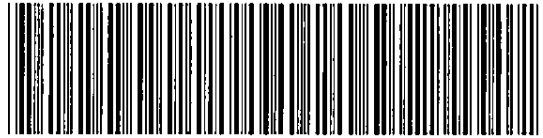
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OFL Care of FL III, 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:

John Hannon

(Name of Person)

Episode Solutions

(Firm/Company)

102 Woodmont Blvd Suite 350

(Address)

Nashville, TN 37205

(City/State and Zip Code)

For further information concerning this matter, please call:

John Hannon

615

260-4874

at ( )

(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

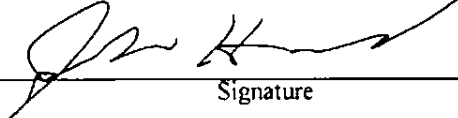
**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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TALLAHASSEE, FL  
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TALLAHASSEE, FL

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

1. The name of a limited liability company is  
OFL Care of FL III, LLC
2. The Articles of Organization were filed on 3/12/2019 and assigned  
document number L19000069403
3. The delayed effective date the dissolution if not effective on the date of filing: 1/6/2025  
(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).  
No longer in business  
No longer in business  
No longer in 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: John Hannon  
102 Woodmont Blvd Suite 350  
Nashville, TN 37205
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

John Hannon

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE, FL

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