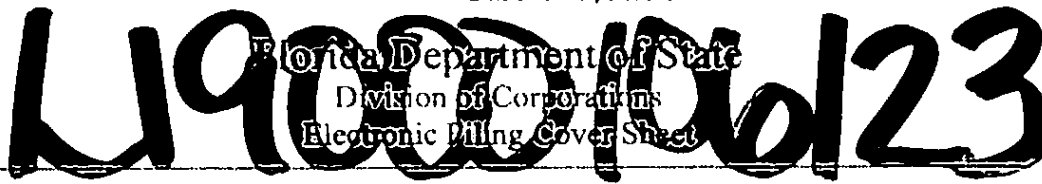


7/8/2018

Division of Corporations



**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)288-0845

2019 JUL -8 PM 4:30

APPROVED  
AND  
FILED

**LLC DISSOLUTION OR WITHDRAWAL  
ADVOCARE CLINIC FORT MYERS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

19 JUL -8 PM 1:15

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1. The name of a limited liability company is  
ADVOCATE CLINIC HORT MYERS LLC

2. The Articles of Organization were filed on 04/22/2019 and assigned  
document number 119000106123

3. The delayed effective date the dissolution is 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 is not to 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)

5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs:  
Steve Davis  
157 WILBUR DR NORTH EAST FIRST FLOOR CANTON, OH 44720

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:

2019 JUL -8 PM 4:30

APPROVED  
AND  
FILED

Frederic E. Daniels  
Signature

STEVEN E. DAVIS  
Printed Name

**FILING FEE: \$25.00**