

L19000152440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

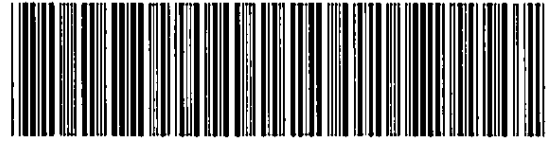
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 FEB 28 AM 9:54

2022 FEB 28 PM 3:36

STATE OF FLORIDA

RECEIVED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2022

CSC

SUBJECT: ACCUHEALTH FLORIDA LLC
Ref. Number: L19000152440

RESUBMIT
Please give original
submission date as file date.

We have received your document for ACCUHEALTH FLORIDA LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.1407 or 617.104, Florida Statutes, requires a Notice of Corporate Dissolution contain a description of the information that must be included in a claim.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 722A00005191

2022 MAR -7 PM 3:31
ALU... ..

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 517351 7911513
AUTHORIZATION : *Squiddean*
COST LIMIT : \$ 25.00

ORDER DATE : February 28, 2022
ORDER TIME : 2:43 PM
ORDER NO. : 517351-005
CUSTOMER NO: 7911513

DOMESTIC FILINGS

NAME: ACCUHEALTH FLORIDA LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS: _____

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

1. The name of a limited liability company is
AccuHealth Florida LLC


2. The Articles of Organization were filed on June 10, 2019 and assigned
document number L19000152440

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).
Cessation of business activities, wind up of business and affairs and distribute assets in accordance with
the Plan of Liquidation and Dissolution

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Stephen Samson
200 South 10th Street, Suite 103
McAllen, Texas 78501

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

Stephen Samson

Printed Name

FILING FEE: \$25.00

2019 FEB 28 AM 8:54