

L19000 229025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

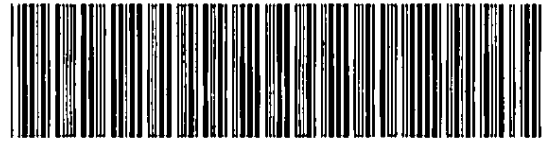
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Returned \$25 check!

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Suncoast Neuropsychiatric Wellness Center 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:

Laura Tait
(Name of Person)

(Firm/Company)

25097 E Olympia Ave Suite 200
(Address)

Punta Gorda, FL 33950
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Tait at (904) 575-0774
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2019

LAURA TAIT
25097 E. OLYMPIA AVE
STE. 200
PUNTA GORDA, FL 33950

SUBJECT: SUNCOAST NEUROPSYCHIATRIC WELLNESS CENTER LLC
Ref. Number: L19000229025

We have received your document for SUNCOAST NEUROPSYCHIATRIC WELLNESS CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 519A00021693

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

SUNCOAST NEUROPSYCHIATRIC WELLNESS CENTER

2. The Articles of Organization were filed on 9/10/2019 and assigned

document number L19000229025

3. The delayed effective date the dissolution if not effective on the date of filing: 10/29/19
(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).

Corporation has not commenced business

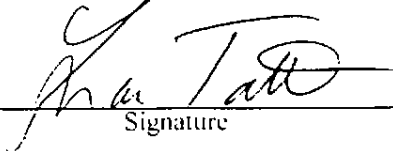
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

LAURA TAIT

25097 E. OLYMPIA AVE SUITE 200

PUNTA GORDA FL 33950

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

LAURA TAIT
Printed Name

FILING FEE: \$25.00