

L20000002040

(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:

Office Use Only



200342771352

04/06/20--01008--022 **25.00

FILED
STATE OF MICHIGAN
20 APR -6 PM 4:11

Dissolution

APR 16 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEALTH POINTE OF FLORIDA, 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:

STUART F. WILLIAMS - REGISTERED AGENT

(Name of Person)

C/O INDEPENDENT LIVING SYSTEMS, LLC

(Firm/Company)

5200 BLUE LAGOON DRIVE, SUITE 500

(Address)

MIAMI, FL 33126

(City/State and Zip Code)

For further information concerning this matter, please call:

STUART F. WILLIAMS

(Name of Person)

at (305 262-1292)

(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

2010-09-11 PM 4:11
FILED
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is
HEALTH POINTE OF FLORIDA, LLC

2. The Articles of Organization were filed on 12/19/2019 and assigned
document number L20000002040

3. The delayed effective date the dissolution if not effective on the date of filing: 03/19/20
(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).

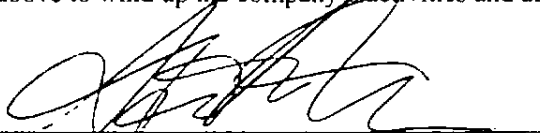
NO LONGER DOING BUSINESS

NO LONGER DOING BUSINESS

NO LONGER DOING 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:

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

STUART F. WILLIAMS, AUTHORIZED REP.

Printed Name

FILING FEE: \$25.00

20 APR -6 PM 4:11