

# L20000163268

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2023 JAN 17 PM 12:06

STATE OF NEW YORK



2023 JAN 17 PM 2:54

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**DATE: 01/17/23**

**NAME: ATLANTIX CARE MIHOM REAL ESTATE HOLDINGS LLC**

**TYPE OF FILING: DISSOLUTION**

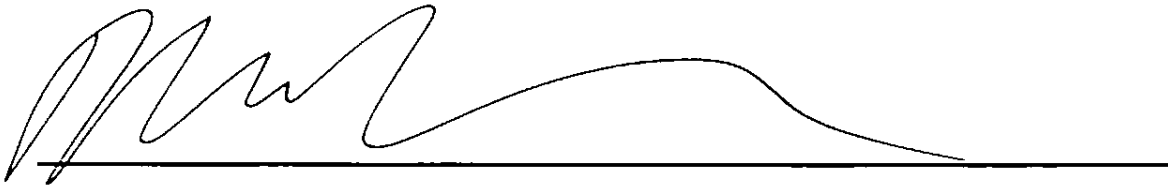
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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantix Care MIHOM Real Estate Holdings 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:

Clifford Esher

\_\_\_\_\_  
(Name of Person)

Polsinelli PC

\_\_\_\_\_  
(Firm/Company)

One International Place, Suite 3900

\_\_\_\_\_  
(Address)

Boston, MA 02110

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Clifford Esher

617

406-0338

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

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

**FILED**

2023 JAN 17 PM 12:07

1. The name of a limited liability company is  
Atlantix Care MIHOM Real Estate Holdings LLC

FILED

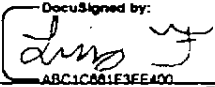
2. The Articles of Organization were filed on June 17, 2020 and assigned  
document number L20000163268

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).  
The LLC is 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:

DocuSigned by:  
  
ABC1C681E3EE400

Signature

Luis Fernandez

Printed Name

**FILING FEE: \$25.00**