

L20000 30113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

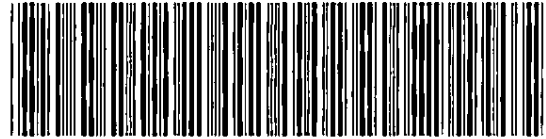
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 FEB 15 PM 2:34

RECEIVED
A. HUNT
2/16/24

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

TRI-CARE HEALTH SOLUTIONS

2. The Articles of Organization were filed on SEPT. 23, 2020 and assigned
document number L20000 30113

3. The delayed effective date the dissolution if not effective on the date of filing: FEB. 14, 2024
(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.

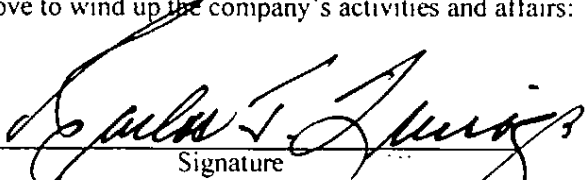
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes. (copy 605.0707 on back cover letter)

THE COMPANY COULD NOT GENERATE ENOUGH
SALES TO MAINTAIN OPERATION OF THE
COMPANY.

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

CARLOS J. QUIROGA
3485 WOODBRIDGE LANE
PALM HARBOR, FLORIDA 34684
CELL: 630-926-7031

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

CARLOS J. QUIROGA
Printed Name

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI-CARE HEALTH SOLUTIONS 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:

CARLOS J. QUIROGA
(Name of Person)

TRI-CARE HEALTH SOLUTIONS LLC
(Firm/Company)

3485 WOODBRIDGE CANE
(Address)

PALM HARBOR, FLORIDA 34684
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK BOLANGER at 727 639-2710
(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 800
Tallahassee, FL 32301

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE
JAN 16 PM 2