L20000384293

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(City	//State/Zip/Phone	e #)		
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	TELEHEALTH OPTIONS MI	EDICAL STAFFING LL	С
SOBJE		lame of Limited Liab	oility Company
Dear Sir	or Madam:		
The encl	osed Statement of Termination	and fee(s) are subm	itted for filing.
Please re	eturn all correspondence conce	rning this matter to th	ne following:
SEAN BO	DRN		
	Name of Person		
TELEHE	ALTH OPTIONS MEDICAL STAF	FING LLC	
	Firm/Company		
2406 WY	NGATE COURT		
	Address		
MOUNT	DORA, FL 32757		
	City/State and Zip Code		
KASEY.	3ORN33@GMAIL.COM		
E-mail	address: (to be used for future	annual report notifica	ation)
For furth	ner information concerning this	matter, please call:	
SEAN BO	DRN	at (223-7221
	Name of Person	Area Code	Daytime Telephone Number
	lailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327 Fallahassee, FL 32314		The Centre of Tallahassee
Į.	ananassee, ft. 32314		2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E141 (2/14)



August 22, 2023

SEAN BORN 2406 WYNGATE COURT MOUNT DORA, FL 32757

SUBJECT: TELEHEALTH OPTIONS MEDICAL STAFFING LLC

Ref. Number: L20000384293

We have received your document for TELEHEALTH OPTIONS MEDICAL STAFFING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 823A00019478

Neysa Culligan Regulatory Specialist III

STATEMENT OF TERMINATION

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination: FIRST: The name of the limited liability company is:				
SECOND: The Florida Document number	of the limited liability company is:	384293		
THIRD: The date of filing of the initial art	icles of organization is:			
FOURTH: The date of filing of the dissolu	ortion is: 07/31/2023	·		
FIFTH: This limited liability company has that it will file a statement of termination.	completed winding up its activities and aff	fairs and has determined		
THE WINDING UP OF ACTIVITIES IS COMPLE	ТЕ.			
	SEAN BORN			
Signature of Authorized Representative	Typed or printed name of signature	125 282		
Cert	Filing Fee: \$25.00 ified Copy: \$30.00 (optional)	ELED SEP 19 PH 3: 3!		
CR2E141 (2/14)		RA 3		