

L20000396674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

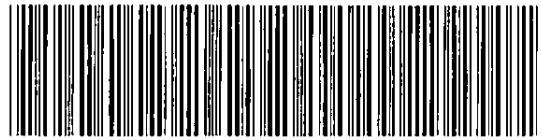
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TELEHEALTH OPTIONS SOLUTIONS LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SEAN BORN

Name of Person

TELEHEALTH OPTIONS SOLUTIONS LLC

Firm/Company

2406 WYNGATE COURT

Address

MOUNT DORA, FL 32757

City/State and Zip Code

KASEY.BORN33@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SEAN BORN at (352) 223-7221  
Name of Person Area Code Daytime Telephone Number

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 22, 2023

SEAN BORN  
2406 WYNGATE COURT  
MOUNT DORA, FL 32757

SUBJECT: TELEHEALTH OPTIONS SOLUTIONS LLC  
Ref. Number: L20000396674

We have received your document for TELEHEALTH OPTIONS SOLUTIONS 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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 523A00019479

## 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: TELEHEALTH OPTIONS SOLUTIONS LLC

**SECOND:** The Florida Document number of the limited liability company is: L20000396674

**THIRD:** The date of filing of the initial articles of organization is: 12/21/2020

**FOURTH:** The date of filing of the dissolution is: 07/31/2023

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

THE WINDING UP OF ACTIVITIES IS COMPLETE.



Signature of Authorized Representative

SEAN BORN

Typed or printed name of signature

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)

CR2E141 (2/14)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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