

121000018676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

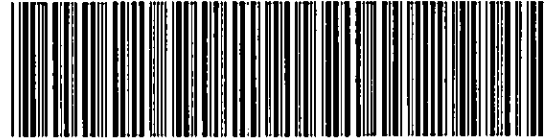
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/15/21--01007--022 **52.50

FILED

2021 NOV 22 PM 10:41

SECRETARY OF STATE
TALLAHASSEE, FL 32399



2021 NOV 24 PM 12:40

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2021

KIMBERLY OTT
2401 UNIVERSITY PARKWAY
SUITE 206
SARASOTA, FL 34243 US

SUBJECT: ADULT ACUTE CARE CLINIC, LLC
Ref. Number: L21000018676

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The document must include a description of the information that must be included in a written claim. The description may include but not limited to who is filing the claim, the amount of the claim and a reason the claim is being filed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 921A00026140

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Adult Acute Care Clinic, 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:

Kimberly Ott
(Name of Person)
University Healthcare Associates
(Firm/Company)
2401 University Pkwy Suite 200
(Address)
Sarasota, FL 34243
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ott at 330, 460-5558
(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

2021 NOV 22 PM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

ADULT ACUTE CARE CLINIC, LLC

2. The Articles of Organization were filed on JANUARY 6, 2021 and assigned

document number L21000018076

3. The delayed effective date the dissolution if not effective on the date of filing: 8/23/21
(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).

I have decided to open up a new clinic under a new
name to include primary care.

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

Kimberly Ott

2401 University Parkway

Suite 206

Sarasota, FL 34238

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:

Kimberly Ott
Signature

Kimberly Ott
Printed Name

FILING FEE: \$25.00