

L21 000 274 205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

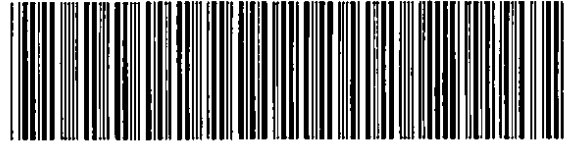
(Document Number)

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6/29/23
VLL

FILED

2023 APR 27 PM 4:35

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Patient Advocacy of Tampa Bay 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:

Deniece Ramirez

(Name of Person)

Advanced Patient Advocacy of Tampa Bay LLC

(Firm/Company)

2424 Enterprise Road Suite G

(Address)

Clearwater, FL 33763

(City/State and Zip Code)

For further information concerning this matter, please call:

William Gordon

(Name of Person)

727

at (

741-0623

)

(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

1. The name of a limited liability company is
Advanced Patient Advocacy of Tampa Bay LLC

2. The Articles of Organization were filed on 06/11/2021 and assigned
document number L21000274205

3. The delayed effective date the dissolution if not effective on the date of filing: 04/01/2023
(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).

Owner Deniece Ramirez decided she was no longer interested in pursuing the business venture.

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

William Gordon

2424 Enterprise Road Suite G

Clearwater, FL 33763

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

William Gordon

Printed Name**FILING FEE: \$25.00**

7-11-63