

L21000294295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

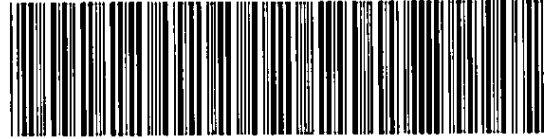
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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APPROVED
AND
FILED
2023 FEB 27 PM 1:34
COURT CLERK

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 527429 4304756

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 24, 2023

ORDER TIME : 10:07 AM

ORDER NO. : 527429-005

CUSTOMER NO: 4304756

DOMESTIC FILINGS

NAME: LATITUDE HEALTH LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LATITUDE HEALTH 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:

Scott Kargman

(Name of Person)

LATITUDE HEALTH LLC

(Firm/Company)

100 Summer Street Suite 1502

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Kargman

(Name of Person)

at (

516

808-1991

(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**

1. The name of a limited liability company is

LATITUDE HEALTH LLC

2. The Articles of Organization were filed on 06/24/2021 and assigned

document number L21000294295

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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 written consent of the members of the company pursuant to Section 605.0701 (2).

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

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:

DocuSigned by
Scott Kargman
Create your eSignature

Signature

Scott Kargman

Printed Name

FILING FEE: \$25.00

2023 FEB 27 PM 1:34

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AND
FILED