

L21000477835

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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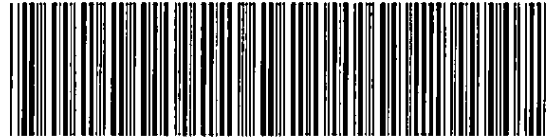
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Caribbean Healthcare Solutions

(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:

Gordon E. Hampden

(Name of Person)

CARIBBEAN  
Caribbean Healthcare solutions

(Firm/Company)

1821 Plantation Circle SE

(Address)

Greent Valkaria, Florida 32909

(City/State and Zip Code)

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For further information concerning this matter, please call:

Gordon Hampden

(Name of Person)

at (305) 318-6741

(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

Caribbean Healthcare Solutions

2. The Articles of Organization were filed on 11-4-21 and assigned

document number L21000477835

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).

Business not there to support

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:

  
Signature

George E. Hampden  
Printed Name

**FILING FEE: \$25.00**

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CLERK OF THE COURT  
JACKSONVILLE, FL