

L23000158922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

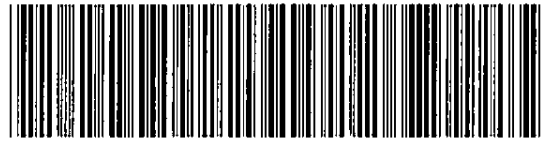
(Document Number)

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FILED
2024 APR -4 PM 5:25
SEC
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Alzheimer's Infusion Center, 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:

Chelsea Mabry
(Name of Person)

The Alzheimer's Infusion Center, LLC
(Firm/Company)

1459 Rockledge Dr.
(Address)

Rockledge, FL 32955
(City/State and Zip Code)

For further information concerning this matter, please call:

Chelsea Mabry at (502) 544 1946
(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**

1. The name of a limited liability company is

The Alzheimer's Infusion Center, LLC

2. The Articles of Organization were filed on 29 Mar 2023 and assigned
document number L23000158922

3. The delayed effective date the dissolution is not effective on the date of filing: 30 Mar 2024
(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).

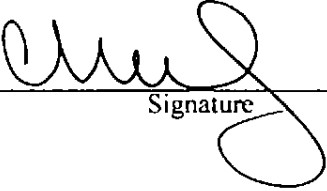
No business conducted

No further plans to conduct business

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

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

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

Chelsea Mabry
Printed Name

FILING FEE: \$25.00