

L24000068724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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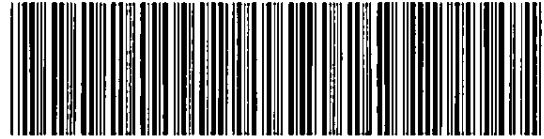
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royalty Care Health Services 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:

Erica Evans

(Name of Person)

Royalty Care Health Services LLC

(Firm/Company)

5991 Chester Ave. Suite 105

(Address)

Jacksonville FL 32217

(City/State and Zip Code)

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For further information concerning this matter, please call:

Erica Evans

904-250-736

at ()

(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

Royalty Care Health Services LLC

2. The Articles of Organization were filed on 02/05/2024 and assigned

document number L24000063724

3. The delayed effective date the dissolution if not effective on the date of filing: 03/01/2024
(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).

Dissolution is a result of the business partner's withdrawal due to not having the capital/funds to operate the business.

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

Erica Evans

7990 Baymeadows Rd. E Unit 1001

Jacksonville FL. 32256

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

Erica Evans

Printed Name

FILING FEE: \$25.00