

L25000 228379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

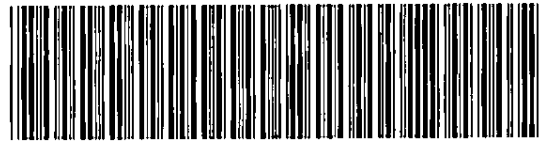
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL - 2 2025

Office Use Only



200446557422

2025 JUL - 1 AM 8:55

FILED

2025 JUL - 1 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

1 - 2 Filing

①

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 07 / 01 / 2025

****WALK IN****

ENTITY NAME GEO CARE, LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

Please file the dissolution 1ST
and the incorporation 2nd

Plain Copy

Certified Copy

Certificate of Status

XXXXXXXXXX

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 55.00

ACCOUNT # 120160000072

W: c DW

Please call Tina at the above number for any issues or concerns. Thank you so much!

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

FILED
2025 JUL -1 AM 8:55

1. The name of a limited liability company is
GEO Care, LLC
2. The Articles of Organization were filed on May 21, 2025 and assigned
document number L25000228379
3. The delayed effective date the dissolution if not effective on the date of filing: July 1, 2025
(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).
Voluntary dissolution of the limited liability company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Joe Negron

4955 Technology Way

Boca Raton, Florida 33431
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

Joe Negron, Manager

Printed Name

FILING FEE: \$25.00