

M/200000/377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

M/2-1377
(Document Number)

Certified Copies _____ Certificates of Status _____

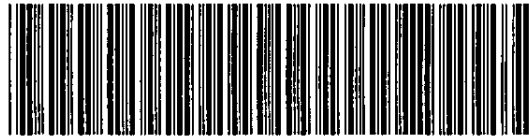
Special Instructions to Filing Officer:

A. LUNT

DEC 21 2012

EXAMINER

Office Use Only



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11/26/12--01007--003 **25.00

CLERK OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 20 PM 4:29

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 27, 2012

TABARE D. TABAR
9320 MARINO CIR.
APT 108
NAPLES, FL 34114

SUBJECT: T & R HEALTH ENTERPRISES LLC
Ref. Number: M12000001377

We have received your document for T & R HEALTH ENTERPRISES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 212A00028256

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T&R HEALTH ENTERPRISES, 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:

TABARE D. TABAR

(Name of Person)

T&R HEALTH ENTERPRISES, LLC

(Firm/Company)

9320 MARINO CIR Apt 108 A

(Address)

NAPLES, FL 34114

(City/State and Zip Code)

CLERK OF STATE
TALLAHASSEE, FLORIDA

2012 DEC 20 PM 4:29

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For further information concerning this matter, please call:

TABARE D. TABAR

(Name of Person)

at (305) 439-1855

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:



\$25.00 Filing Fee



30.00 Filing Fee &
Certificate of Status



\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)



\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA

T&R HEALTH ENTERPRISES, LLC

(Name of limited liability company)

TEXAS

(Jurisdiction of its organization)

M12000001377

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

9023 MARINO CIR Apt 108

(Mailing address)

NAPLES, FL 34114

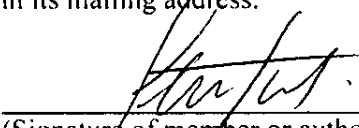
(City/State/Zip)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

12 DEC 20 PM 4:29

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The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

TABARE D. TABAN

(Typed or printed name of signer)

Filing Fee: \$25.00