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submission date of 12/27/23

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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N19000004320

Note: Please print this page and use it as a cover sheet. Type the fax audit number
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((H23000439868 3)))



H230004398683ABCA

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**DISSOLUTION OR WITHDRAWAL
AE LEESBURG MC, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$43.75

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Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Wednesday, December 27, 2023 4:15 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6380
Attachments: fax_outbound_850-617-6380_20231227_151455_00007566-0000.pdf

Create Time: 12/27/2023 03:12:57 PM

Schedule Time: 12/27/2023 03:14:55 PM

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Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Leslie Sellers

Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject: H23000439868

Max tries: 5

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Priority: 3

Pages: 5

Recipient fax: 850-617-6380

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AE Leesburg MC Inc.

DOCUMENT NUMBER: N19000004320

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tiffany Brinkley

(Name of Contact Person)

Polsinelli, PC

(Firm/Company)

501 Commerce Street, Suite 1300

(Address)

Nashville, TN 37219

(City/State and Zip Code)

For further information concerning this matter, please call:

Tiffany Brinkley

(Name of Contact Person)

at (615)

(Area Code)

252-3957

(Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy
(Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy
(Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee

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SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

AE Leesburg MC Inc.

SECOND: The document number of the corporation (if known): N19000004320

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of meeting of members at which the resolution to dissolve was adopted
_____. The number of votes cast by the members was sufficient for approval.

☒ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.

SECTION II

If the corporation has no members or members entitled to vote on the dissolution:

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

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.

Signature: /s/ Cory Wake

(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Cory Wake

(Typed or printed name of person signing)

Director and Secretary

(Title of person signing)

Filing Fee: \$35

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