

P10 0000 67374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

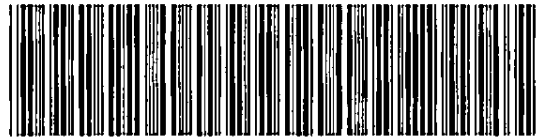
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/09/21--01010--007 **10.00

04/30/21--01007--019 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2021 AUG 30 PM 1:26

FILED

V/D
09/18/21
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 AUG 30 PM 2:41

July 21, 2021

LORETTA L LEE
1944 EMERALD GLEN CT NE
ADA, MI 49301

SUBJECT: TRI L HEALTH CARE CONSULTING, INC.
Ref. Number: P10000067374

We have received your document for TRI L HEALTH CARE CONSULTING, INC. 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 above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 921A00013228

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRI L HEALTH CARE CONSULTING, INC
(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:

LORETTA L. LEE
(Name of Person)

TRI L HEALTH CARE CONSULTING, INC
(Firm/Company)

1944 EMERALD GLEN CT NE.
(Address)

ADA, MICHIGAN 49301
(City/State and Zip Code)

For further information concerning this matter, please call:

LORETTA L. LEE at (813) 523-1489
(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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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

TRI L HEALTH CARE CONSULTING, INC

SECOND: The document number of the corporation (if known): P10000067374

THIRD: The date dissolution was authorized: JAN 31, 2021

Effective date of dissolution if applicable: JAN 31, 2021

(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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

FILED
21 AUG 30 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Loretta L. Lee

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

LORETTA L. LEE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35