

L06000026881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

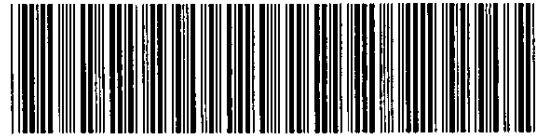
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300182457013

08/11/10--01004--007 **5.00

07/29/10--01003--002 **20.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 24 PM 2:44

FF \$25.00

AUG 24 2010

Margarette Occenad
P.O. Box 25511
Tamarac, Florida 33320
954-274-7065 Tel.
954-776-4149 Fax.

July 14, 2010

Florida Department of State
Division of Corporations
POB 6327
Tallahassee, Florida 32314

**Re: ANKOD Health Care Services of Jacksonville, LLC.
Document Number L 06000026881**

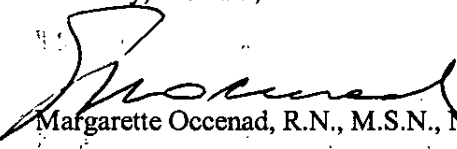
To whom it may concern;

Please be advised that effective immediately, as 100% share holder of the above named Limited Liability Corporation, I hereby wish to dissolve this entity for the following reasons;

1. We have notified the Internal Revenue Service as of 04/2010 that the home health agency license attached to this corporation would be surrendered to AHCA(Agency for Health Care Administration)
2. We in fact surrendered the state Home Health Agency License as of 06/26/2010
3. The corporation will no longer be transacting any further business in Jacksonville Florida.
4. As the sole share holder of this Limited Liability Corporation, I hereby wish to file for dissolution effective immediately.

Should there be any questions or concerns, please contact me at 954-274-7065

Cordially, I remain,


Margarette Occenad, R.N., M.S.N., N.H.A.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2010

ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC
% MARGARETTE OCCENAD
PO BOX 25511
TAMARAC, FL 33320

SUBJECT: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC
Ref. Number: L06000026881

We are enclosing the proper form(s) with instructions for your convenience.

The total amount due is \$25.00.

There is a balance due of \$5.00.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 010A00018168



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2010

ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC
% MARGARETTE OCCENAD
PO BOX 25511
TAMARAC, FL 33320

SUBJECT: ANKOD HEALTH CARE SERVICES OF JACKSONVILLE, LLC
Ref. Number: L06000026881

We have received your additional \$5 payment; however, you neglected to return the required form. We are once again enclosing the required form.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

Letter Number: 910A00019332

850-245-6911
www.sunbiz.org

www.sunbiz.org

(850) 245-6911

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANKOD HEALTH CARE SERVICES of
(Name of Limited Liability Company)
JACKSONVILLE, LLC

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARGARETTE OULENAD
(Name of Person)

(Firm/Company)

P.O. Box 25511
(Address)

TAMPA FL 33320
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARETTE OULENAD at (954) 274-7065
(Name of Person) 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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

ANKOD HEALTH CARE SERVICES of Jacksonville

2. The Articles of Organization were filed on 3-8-06 and assigned document number LLC

LO6000026881

3. The date the dissolution was approved: 6-1-10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

No longer doing business.

10 AUG 24 PM 2:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS

5. CHECK ONE:

- All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
 Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- There are no suits pending against the company in any court.
-OR-
 Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature
Margarethe O'Connell

Printed Name
MARGARETHE O'CONNELL