

L08000086199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

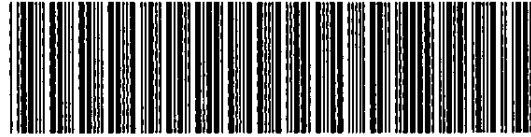
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/13--01015--016 **25.00

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2013 JUL 31 PM 4:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG - 1 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Solutions Care, 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:

Trina Siler
(Name of Person)
Solutions Care, LLC
(Firm/Company)
11814 Whisper Creek Drive
(Address)
Riverview, Florida 33569
(City/State and Zip Code)

For further information concerning this matter, please call:

Trina Siler at 813 677-1020
(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

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ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Solutions Care, LLC

2. The Articles of Organization were filed on 06/06/2008 and assigned document number
L08000056199

3. The date the dissolution was approved: 12/31/2012

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 providing services, Solutions Care is closed.

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*
Trina Siler

Printed Name

Trina Siler



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2013

TRINA SILER
SOLUTIONS CARE, LLC
11814 WHISPER CREEK DRIVE
RIVERVIEW, FL 33569

SUBJECT: SOLUTIONS CARE LLC
Ref. Number: L08000056199

2013 JUL 31 PM 4: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for SOLUTIONS CARE 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):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

The document must be signed by a member or an authorized representative of a member.

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) 245-6051.

Barbara Bostick
Regulatory Specialist II

Letter Number: 013A00004409