

L090000049776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L & L Health Care Agency 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:

Marie-Lucie P. Galumette
(Name of Person)

L & L Health Care Agency LLC
(Firm/Company)

1343 NW 206 Terrace
(Address)

Miami-Gardens, FL 33169
(City/State and Zip Code)

For further information concerning this matter, please call:

Marie-Lucie Galumette at (786) 272-2361
(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/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

L & L Health Care Agency LLC

2. The Articles of Organization were filed on 11-6-2009 and assigned

document number L09000049776

3. The delayed effective date the dissolution if not effective on the date of filing: 11-6-2009
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Out of Business

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Marie-Lucie Galumette
Lysonard Galumette
1343 NW 206 Terrace
Miami-Gardens, FL 33169

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

Marie-Lucie Galumette
Signature

MARIE-LUCIE GALUMETTE
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE, FLORIDA

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