

L14000088146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

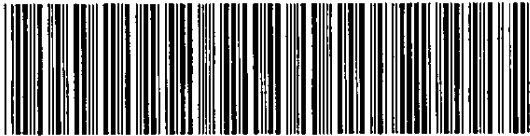
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 MAR 25 PM 2:55  
DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

2016 MAR 25 P 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR 25 2016

J. BRUCE

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: Con Amor Adult Day 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:

Hope Gutierrez  
(Name of Person)

Con Amor Adult Day Care, LLC  
(Firm/Company)

3060 W 12 Avenue  
(Address)

Hiawassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

Hope Gutierrez at (305) 281-9912  
(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)

2016 MAR 25 P 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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 CON AMOR Adult Day Care, LLC

2. The Articles of Organization were filed on 06/02/2014 and assigned  
document number L4000088166

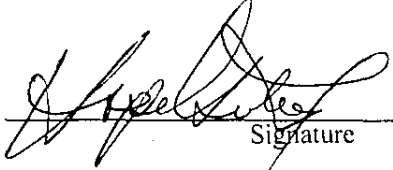
3. The delayed effective date the dissolution if not effective on the date of filing: \_\_\_\_\_  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**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.

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).  
not enough 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:  
Hope Gutierrez  
3060 W 12 Ave  
Highland, FL 33012

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:

  
Signature

Hope Gutierrez  
Printed Name

2016 MAR 25 12:33:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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