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Florida Department of State  
Division of Corporations  
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# L15000101879

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From:  
Account Name : ROGERS, TOWERS, BAILEY, ET AL  
Account Number : 076666002273  
Phone : (904)398-3911  
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**LLC DISSOLUTION OR WITHDRAWAL  
BROOKS AMERICARE MANAGEMENT SERVICES, LLC**

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MAY 24 AM 11:26  
TALLAHASSEE, FLORIDA

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**ARTICLES OF DISSOLUTION  
OF  
BROOKS AMERICARE MANAGEMENT SERVICES, LLC**

Pursuant to Section 605.0707, Florida Statutes, Brooks Americare Management Services, LLC, a Florida limited liability company (the "Company"), submits the following Articles of Dissolution:

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**ARTICLE I  
NAME**

The name of the Company is: **BROOKS AMERICARE MANAGEMENT SERVICES, LLC.**

**ARTICLE II  
DATE OF FILING ARTICLES OF ORGANIZATION**

The Articles of Organization of the Company were filed on June 11, 2015 and assigned document number L15000101879.

**ARTICLE III  
ADOPTION OF DISSOLUTION**

The occurrence that resulted in the Company's dissolution was the adoption of a resolution to dissolve the Company by written consent of the sole member.

**ARTICLE IV  
EFFECTIVE DATE**

The effective date of the dissolution will be on the date on which these Articles of Dissolution are filed by the Secretary of State of the State of Florida.

**IN WITNESS WHEREOF**, these Articles of Dissolution have been executed on behalf of the Company by its duly authorized officer on November 2<sup>nd</sup>, 2018.

Brooks Americare Management Services, LLC

By: Michael Stigel  
Name: Michael Stigel  
Its: President

H19000167868

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION  
OF  
BROOKS AMERICARE MANAGEMENT SERVICES, LLC**

This Notice of Limited Liability Company Dissolution is submitted by **BROOKS AMERICARE MANAGEMENT SERVICES, LLC**, a dissolved Florida limited liability company (the "Company"), for resolution of payment of unknown claims against this Company as provided in Section 605.0712, Florida Statutes. Persons who have claims against the Company which are not known to the Company are requested to present them in accordance with this Notice.

1. Name of Limited Liability Company: Brooks Americare Management Services, LLC.
2. Date of Dissolution will be the date the dissolution is filed by the Department of State.
3. Description of information that must be included in a claim:
  - a. Name, address and phone number of Claimant;
  - b. The amount of the claim;
  - c. The date the claim arose; and
  - d. A description of the nature of the claim in sufficient detail so as to enable the Company to evaluate the merits of such claim.
4. Claims made pursuant to this Notice must be in writing.
5. Mailing address where claims can be sent:  
Brooks Rehabilitation  
3599 University Blvd. S  
Jacksonville, FL 32216
6. A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this Notice of Limited Liability Company Dissolution.

19 MAY 24 AM 11:26

**IN WITNESS WHEREOF**, this Notice of Limited Liability Company Dissolution has been executed on behalf of the Company by its duly authorized officer.

Brooks Americare Management Services, LLC

By: Michael Spigel  
Name: Michael Spigel  
Its: President