

L18000132129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

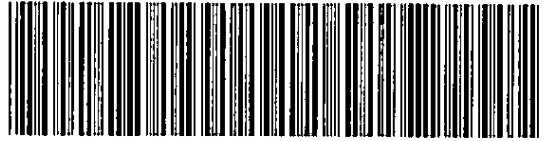
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 02 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Royalty Home Health, 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:

MICHAEL G. WRENCH
(Name of Person)

ROYALTY HOME HEALTH, LLC
(Firm/Company)

8201 PETERS ROAD, PLANTATION,
(Address)

FLORIDA 33325
(City/State and Zip Code)

MAILING ADDRESS - 745 CUMBERLAND TER. DAVIE, FL 33325

For further information concerning this matter, please call:

MICHAEL G. WRENCH at (954) 952-3374
(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

_____ Royalty Home Health, LLC _____

2. The Articles of Organization were filed on May 29, 2018 and assigned

document number L18000132129

3. The delayed effective date the dissolution if not effective on the date of filing: April 19, 2018
(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).

_____ PERSONAL ILLNESS OF OWNER. _____

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

_____ MICHAEL G WRENCH _____

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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:

Michael G Wrench
Signature

MICHAEL G. WRENCH
Printed Name

FILING FEE: \$25.00