A 14 0 000000 30

(Re	questor's Name)			
(Address)				
(Add	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
r)				
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		•		
1		!		

Office Use Only



700256502957

02/12/14--01002--010 **52.50

J. SHANGES FEB 1 8 2014



February 13, 2014

CORPORATE ACCESS

SUBJECT: GENESIS HOME HEALTH CARE OF SWFL LLLP

Ref. Number: A1400000030

We have received your document for GENESIS HOME HEALTH CARE OF SWFL LLLP and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of 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.

Letter Number: 914A00003275

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

CORPORATE ACCESS,

"When you need ACCESS to the world"

· INC.

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

•		PICK UP	= 2-12-14 Spile 18	
		CERTIFIED COPY	dile!	
	4	РНОТОСОРУ		
		CUS		
,	À	FILING	LLLP-Dissolution	
1.		benesis Home	Health Care of SWFL, LLLP	
2.				
3.		(CORPORATE NAME AND DOCUMEN	Γ #)	
		(CORPORATE NAME AND DOCUMEN	Γ #)	
4.	•	(CORPORATE NAME AND DOCUMEN	Γ#)	
5.		(CORPORATE NAME AND DOCUMEN	Γ#)	
6.		(CANDANA ANT ALAMI AND NAVARANA	D. 10.	
		(CORPORATE NAME AND DOCUMEN'	1 #)	
SPECIAL INSTRUCTIONS:				

CERTIFICATE OF DISSOLUTION FOR GENESIS HOME HEALTH CARE OF SWFL, LLLP

Pursuant to the provisions of Section 620.1203, Florida Statutes, this Florida Limited Liability Limited Partnership, whose Certificate was filed with the Florida Department of State of Florida, assigned Florida Document Number A14000000030, hereby submits this Certificate of Dissolution.

FIRST: Reason for dissolution: business purposes.

SECOND:

A Notice of Dissolution is attached.

THIRD: Effective date February 11, 2014.

Signatures of each General Partner or the person appointed pursuant to Section 620.1803(3) or (4), F.S.:

Chris M. DeSantis