

LD1000013186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

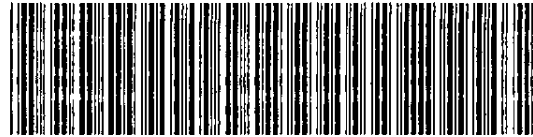
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700199041127

03/25/11--01016--002 **25.00

FILED
2011 MAR 25 PM 4:05
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Disability Care of FLORIDA^{LLC}
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eileen Moorman

(Name of Person)

Disability Care of FLORIDA LLC

(Firm/Company)

20415 Lake Patience Rd / P.O. Box 647

(Address)

LAND OLAKE, FL 34639

(City/State and Zip Code)

For further information concerning this matter, please call:

Eileen Moorman

(Name of Person)

at (813) 428 - 2554

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
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**

FILED
2011 MAR 25 PM 4:05

1. The name of a limited liability company is

Disability Care of Florida LLC

TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on August 6, 2001 and assigned document number

LO1000013186

3. The date the dissolution was approved: 3/24/2011

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

608.441(c) Dissolved with written request and consent
of all members: Eileen Moorman, Chase Archuleta
Dissolved with written request and consent
OF ALL members: Eileen Moorman, Chase Archuleta

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Eileen Moorman

Eileen Moorman

Chase Archuleta

Chase Archuleta

FILING FEE: \$25.00