

LO20000027486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

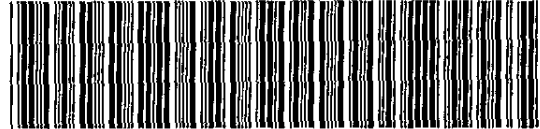
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4089
LO2-27486

Office Use Only



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04 APR 29 AM 8:59

APPROVED
AND
FILED

CLERK OF COURT
CLERK OF COURT

JB
4-30-04

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find my letter of dissolution and a check in the amount of \$25.00.

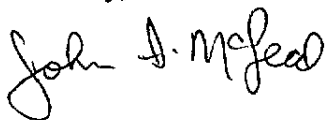
My return address is:

John I. McLeod
28 Maya
Port Saint Lucie, Florida 34952

My telephone number is: **772-873-9178**

Thank you for you assistance in this matter.

Sincerely,



John I. McLeod

04 APR 29 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29
AND
FILED



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 21, 2004

JOHN I. MCLEOD
28 MAYA
PORT ST LUCIE, FL 34952

SUBJECT: YOUR HELPING HANDS HOME CARE, LLC
Ref. Number: L02000027486

We have received your document for YOUR HELPING HANDS HOME CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number two of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

Please return 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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 604A00026420

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Your Helping Hands Home Care, LLC

2. The effective date of the limited liability company's dissolution is MARCH 26TH, 2004 (jm)

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

I never acquired the monies to afford the proper insurance

and therefore, performed no business, nor received any monies since its inception.

4. 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.

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

6. 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

John I. McLeod

Typed or Printed name

John I. McLeod

APR 29 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00