

Division of Corporations

LO300004747

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000139285 3)))



H180001392853ABC4

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To: Division of Corporations
Fax Number : (850) 617-6383
From: Account Name : BROAD AND CASSEL (BOCA RATON)
Account Number : 076376001555
Phone : (561) 483-7000
Fax Number : (561) 483-7321

2018 MAY -3 PM 12:10
FALL HAVEN, FL 33428

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2018 MAY -3 PM 1:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FALL HAVEN, FL 33428

LLC DISSOLUTION OR WITHDRAWAL
COMPREHENSIVE HOME CARE OF HILLSBOROUGH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu Help

5/1/18

Fax Audit No. H18000139285 3

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

- 1. The name of a limited liability company is Comprehensive Home Care of Hillsborough, LLC
2. The Articles of Organization were filed on February 7, 2003 and assigned document number L03000004747
3. The delayed effective date the dissolution if not effective on the date of filing: May 7, 2018
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). The consent of the sole member, pursuant to Fla. Stat. Sec. 605.0701(2).

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

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:

Handwritten signature of Garrett W. Bragg over a signature line.

Garret W. Bragg, as authorized person
Printed Name

FILING FEE: \$25.00

2018 MAY -3 01:12:14

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Fax Audit No.: H18000139285 3

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Comprehensive Home Care of Hillsborough, LLC

Document number of Limited Liability Company is: L03000004747

Date of dissolution was: May 7, 2018

Description of information that must be included in a written claim:

- 1. Full legal name, address, and telephone number of claimant
- 2. Complete description of claim.
- 3. Date of claim.
- 4. Amount of claim.
- 5. Supporting documentation for claim.

2018 MAY -3 P 12:11
FILED

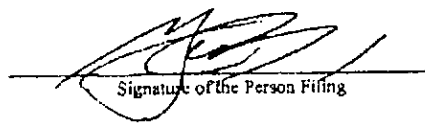
FILED

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Michael W. Moskowitz, RA for Comprehensive Home Care of Hillsborough, LLC
Moskowitz, Mandell, Salim & Simowitz, PA
800 Corporate Dr Ste 500
Fort Lauderdale, FL 33334

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Garrett W. Bragg, as authorized person
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00