

LO4 0000 15940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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LO4-15940



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR -6 AM 9:55

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Heatha Cave Products 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:

Sandra Harris

(Name of Person)

Heatha Cave Products of Florida LLC

(Firm/Company)

11955 OTTAWA AVE

(Address)

Orlando FL 32837

(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra Harris

(Name of Person)

at (

407 240-0592

(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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR -6 AM 9:55

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2007

SANDRA HARRIS
11955 OTTAWA AVE
ORLANDO, FL 32837

SUBJECT: HEALTH CARE PRODUCTS OF FLORIDA LLC
Ref. Number: L04000015940

We have received your document for HEALTH CARE PRODUCTS OF FLORIDA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 107A00011352

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAR - 6 AM 9:55

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

1. The name of a limited liability company is

Health Care Products of Florida LLC

2. The Articles of Organization were filed on 3/1/04 and assigned document number

LO400-0015940

3. The date the dissolution was approved: 1/19/07

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).

Severe - Illness and disability of owner Sandra Harris

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 section 608.441.

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

2/8/06
Sandra Harris

Sandra Harris