

L 04 00000 2330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

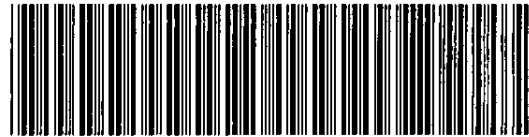
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN - 6 2011

EXAMINER



900204039049

04/26/11--01003--028 **43.75

FILING CANCELLED
RETURNED CHECK

FILED
11 JUN - 3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2011

CAROL GRANT
PO BOX 4
BELLEVUE, WA 98009

SUBJECT: GENTLE TOUCH HOME HEALTH CARE SERVICES LLC
Ref. Number: L04000062338

We have received your document for GENTLE TOUCH HOME HEALTH CARE SERVICES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 111A00011252

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILING CANCELLED
RETURNED CHECK

1. The name of a limited liability company is

Gentle Touch Home Health Care Services

2. The Articles of Organization were filed on August 24, 2005 and assigned document number

LO400002338

3. The date the dissolution was approved: 5/6/2011

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).

Company no longer operating

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

Carol Grant

Printed Name

Carol Grant

FILED
11 JUN -3 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00