

LO4000044886

(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



700158249917

07/13/09--01064--001 **1060.00

FILED
09 JUL 13 AM 10:25
SECRETARY OF STATE
TREASURY

S. HAWKES

JUL 14 2009

EXAMINER



PARKE PLAZA ASSISTED LIVING, LLC

June 29, 2009

VIA OVERNIGHT MAIL

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

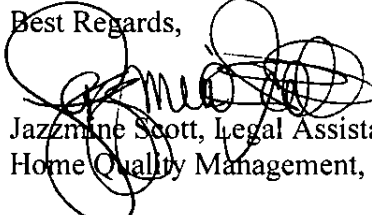
RE: Entity: Parke Plaza Assisted Living, LLC
Document#: L04000064886

Dear Sir/Madam:

Please accept this letter as notification that we would like to voluntarily dissolve the above mentioned entity. Please see enclosed check # 1110 to cover the expense of \$25.00 to dissolve the above mentioned entity.

If you have any questions, or require any additional information please do not hesitate to contact me.

Best Regards,


Jazzmine Scott, Legal Assistant
Home Quality Management, Inc.

/jjs

P.O. Box 31809
Palm Beach Gardens, FL 33420
Phone: 561-366-6600
Fax: 561-273-6184

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Parke Plaza Assisted Living, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Ms. Jazzmine Scott

(Name of Person)

Home Quality Management, Inc.

(Firm/Company)

4225 East Main Street

(Address)

Jupiter, Florida 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Jazzmine Scott

(Name of Person)

at (561) 366-6600

(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**

1. The name of a limited liability company is
Parke Plaza Assisted Living, LLC

2. The Articles of Organization were filed on 8/31/2004 and assigned document number
L04000064886

3. The date the dissolution was approved: _____

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).

The dissolution of the company was approved pursuant to the provisions of
Section 608.441(1)(c).

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

By: Home Quality Management, Inc,
its sole member

By: Paul M. Walczak,
Chief Executive Officer