

L0500000/291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

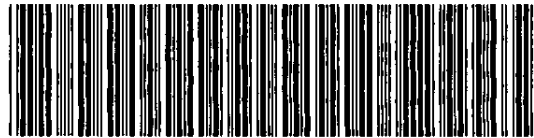
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300246184953

03/29/13--01013--004 **100.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 30 AM 7:27

MAY - 2 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOY CARE LLC

Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

JUAH BENSON

Name of Person

JOY CARE

Firm/Company

3204 MONTAGUE AVENUE

Address

SPRING HILL, FL 34608

City/State and Zip Code

joyb533@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAH BENSON

Name of Person

at 352 684-8677

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$100 Filing Fee

☐ \$105 Filing Fee &
Certificate of Status

☐ \$130 Filing Fee &
Certified Copy

☐ \$135 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

13 APR 30 AM 6:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 1, 2013

JUAH BENSON
3204 MONTAGUE AVE
SPRING HILL, FL 34608

SUBJECT: JOY CARE, LLC
Ref. Number: L05000001291

We have received your document for JOY CARE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

Please return the corrected original and one copy of 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) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00007592

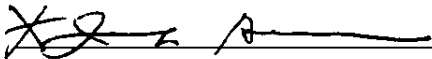
**ARTICLES OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 608.4411, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution:

1. The name of the company is JOY CARE LLC.
2. The document number of the company is L05000001291.
3. The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State was
JANUARY 3RD, 2013.
4. The revocation of dissolution was authorized in the same manner as the dissolution on FEBRUARY 22ND, 2013.

Signatures of the members having the same percentage membership interests necessary to approve the revocation of dissolution:

Signature

_____

Typed or Printed Name

JUAH BENSON

Filing Fee: \$100.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 APR 30 AM 7:27