

LOS 000024094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. CLINE

MAR - 6 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lehigh Acres Long Term Care, 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:

Chris Caswell

(Name of Person)

Christopher K. Caswell, P.A.

(Firm/Company)

240 S. Pineapple Ave., Suite 802

(Address)

Sarasota, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Caswell

(Name of Person)

at (941) 366-7727

(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

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TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2008

CHRIS CASWELL
240 S. PINEAPPLE AVE., SUITE 802
SARASOTA, FL 34236

SUBJECT: LEHIGH ACRES LONG TERM CARE, LLC
Ref. Number: L05000024096

We have received your document for LEHIGH ACRES LONG TERM CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 608A00009924

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TALLAHASSEE, FLORIDA

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ARTICLES OF DISSOLUTION

LEHIGH ACRES LONG TERM CARE, LLC

Florida Limited Liability Company

Pursuant to Section 608.441 of the Florida Statutes, this Florida company submits the following articles of dissolution :

FIRST: The name of this entity is **LEHIGH ACRES LONG TERM CARE, LLC**. The document number of the entity is **L05000024096**.

SECOND: The date dissolution was authorized: 2-4-08 The effective date of dissolution is March 4, 2008
~~31, 2007~~ ~~December~~

THIRD: A description of the occurrence that resulted in the limited liability company's dissolution pursuant to Section 608.441, Florida Statutes (check one).

- ☐ At the time specified in the articles of organization or operating agreement:
☐ Upon the occurrence of events specified in the articles of organization or operating agreement, being described as follows: _____
☒ Upon the written consent of required number of members or membership interests of the company as may be allowed under statute or in the articles of organization or the operating agreement

FOURTH: (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.

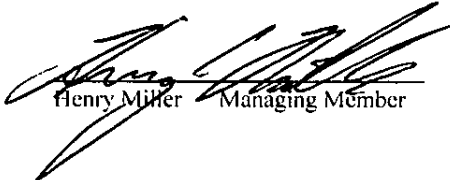
FIFTH: All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

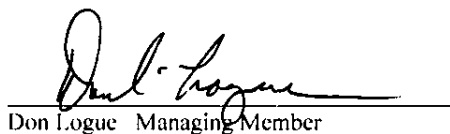
SIXTH: (Check one)

- ☒ 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:

Signed this: 2-4-08


Henry Miller Managing Member


Don Logue Managing Member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PREPARER: CHRIS CASWELL
240 S. PINEAPPLE AVE., SUITE 802
SARASOTA, FL. 34236
941-366-7727
FLA. BAR NO. 0371211

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