

L05000029292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

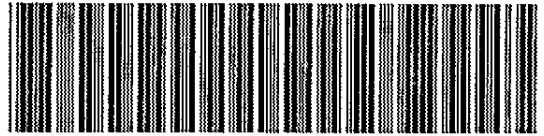
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300082260913

12/18/06 -01009--005 **25.00

FILED
06 DEC 18 AM 11:27
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helping Hands Family Care Services 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:

Cherryl Buckmire-Llanos

(Name of Person)

(Firm/Company)

301 Pine Shadow Lane

(Address)

Lake Mary, FL 32746

(City/State and Zip Code)

For further information concerning this matter, please call:

Cherryl Buckmire-Llanos

(Name of Person)

at (321) 363-2024

(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

FILED

06 DEC 18 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Helping Hands Family Care Services, LLC

2. The Articles of Organization were filed on March 23, 2005 and assigned document number
L05000029292

3. The date the dissolution was approved: 12/13/2006

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).

Personal medical reasons

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.

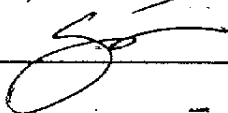
Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name



Cheryl Llanos



Eric LLANOS

FILING FEE: \$25.00