

LOS 000075269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

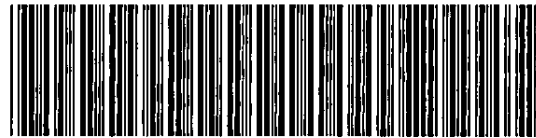
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900104006629

06/11/07--01022--018 **30.00

FILED
07 JUN 11 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NRC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SERENITY ADULT DAY CARE
(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:

EVELYNE-L. FONTAINE
(Name of Person)

SERENITY ADULT DAY CARE
(Firm/Company)

1340 NE 179 STREET
(Address)

NORTH MIAMI BEACH, FL 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

EVELYNE-L. FONTAINE at (786) 399-7098
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ ^{Encl} \$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

07 JUN 11 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

SERENITY ADULT DAY CARE, LLC

2. The Articles of Organization were filed on July 27, 2005 and assigned document number

L05000075269

3. The date the dissolution was approved: 5/31/2007

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).

Unable to find suitable location for the
purpose of the company and financial loss

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

Evelyn Kontaine

Printed Name

EVELYNE-KONTAINE