## LU6000011672

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
WAIT	MAIL					
(Business Entity Name)						
(Document Number)						
Certificates	s of Status					
Special Instructions to Filing Officer:						
	i					
	dress)  dress)  y/State/Zip/Phone  WAIT  siness Entity Nar  cument Number)  Certificates					

Office Use Only



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SECRETARY OF STAIL ON SECRETARY OF CORPORALIONS

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJECT: Angel Care LLC						
	(Name of Limited Liability Company)					
The enc	osed Articles of Amendment and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
	Milagras Medina (Name of Person)	`				
	(Name of Person)					
Angel Care 11C.						
	Angel Care CCC (Firm/Company)					
	P.O. Box 901231					
	P.O. Box 901231 (Address)					
	Homestead FL 33090 (City/State and Zip Code)					
	(City/State and Zip Code)					
For furth	er information concerning this matter, please call:					
	Milagros Wedina at (305) 431-9777 (Area Code & Daytime Telephone Number)					
	(Area Code & Daytime Telephone Number)					
Enclosed is a check for the following amount:						
\$25.00	Filing Fee					

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 SECRETARY OF STATE DIVISION OF CORPORATIONS FOR A LIMITED LIABILITY COMPANY 07 SEP 12 PM 12: 27

1. The name of a limited liability company is			
Angel care LLC			
2. The Articles of Organization were filed on	02/2006	and a	ssigned document number
3. The date the dissolution was approved: Septe	mber 1,2007		
4. A description of occurrence that resulted in the lir 608.441, Florida Statutes, (copy 608.441 on back	nited liability company's cover letter).	s dissolutio	n pursuant to section
No longer doing buisnes	is under	this	name
5. CHECK ONE:			
All debts, obligations and liabilities of the OR-Adequate provision has been made for the		•	
All remaining property and assets have been districtly and interests.	, 3	-	
7. CHECK ONE:			
There are no suits pending against the cor-OR-Adequate provision has been made for the entered against it in any pending suit.		gment, orde	r or decree which may be
ignatures of the members having the same percentage	of membership interests	necessary t	o approve the dissolution:
Signature		Printe	d Name
m.h.	milao	gros h	redina.
y	0		
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