

08/04/2009 14:35 FAX

Division of Corporations

L06000020970

001/002

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000175699 3)))



H090001756993ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TEAURIG - FORT LAUDERDALE
Account Number : I30040000196
Phone : (954) 765-0500
Fax Number : (954) 765-1477

FILED
09 AUG -4 AM 8:39
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LLC DISS/WITH OR REV DISS

HOME HEALTH AGENCY - OCAIA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

RECEIVED
09 AUG -4 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H09000175699 3

FILED

09 AUG -4 AM 8:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Home Health Agency - Ocala, LLC

2. The Articles of Organization were filed on February 24, 2006 and assigned document number

L06000020970

3. The date the dissolution was approved: June 29, 2009

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).

Consent of sole member

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.

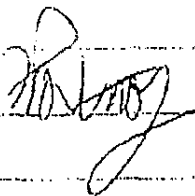
7. CHECK ONE:

- ☒ 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



OMNI HOME HEALTH SERVICES, LLC

By: Fred Portnoy, President

FILING FEE: \$25.00

H09000175699 3