

LO6000038203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

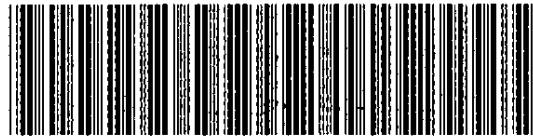
(Business Entity Name)

(Document Number)

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08 JUN 20 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

JUN 23 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Solutions LC
(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:

Christina Chacón

(Name of Person)

(Firm/Company)

2601 SW 24 St

(Address)

Miami, FL 33145.

(City/State and Zip Code)

For further information concerning this matter, please call:

Christina Chacón at (786) 255 4688
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

08 JUN 20 PM 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 10, 2008

CHRISTINA CHACON
2601 SW 24 ST
MIAMI, FL 33145

SUBJECT: FAMILY SOLUTIONS LC
Ref. Number: L06000038203

We have received your document for FAMILY SOLUTIONS LC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, must be contained in the document.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 308A00035715

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

08 JUN 20 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Family Solutions, LC.

2. The Articles of Organization were filed on 4/10/2006 and assigned document number

LOW000038203.

3. The date the dissolution was approved: 1/1/2008.

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).

We were never able to start the
business and therefore at this time
decided to dissolve the company.

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

CR Calderon

Christina Ruizcalderon-chacon