

LOG0000 45156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

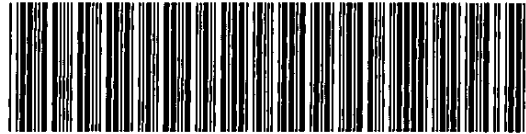
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600102487916

05/17/07--01025--020 **25.00

FILED

07 MAY 17 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5-18
LOG-4556

Return Name and Address

Annie Wilson Homecare, Inc
1225 W. Beaver Street Suite 203
Jacksonville, FL 32204

Date 4/5/07

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re. Dissolution of LLC

Dear Sir:

Enclosed please find the original and one copy of a Articles of Dissolution for
Oasis Homehealth Care Agency, LLC a Florida limited liability company.
Also enclosed is the filing fee of \$25.00.

Please file this document and provide a "filed" copy to me

Should you have any questions, or should I need to furnish further information, please feel free
to contact me at the following address and telephone number: 1225 W. Beaver

Street Suite 203 Jacksonville, FL 32204

Thank you in advance for your assistance.

(904) 265-0340

Yours very truly,

Li Branson

FILED
07 MAY 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Oasis Homehealth Care Agency
2. The effective date of the limited liability company's dissolution is 4-5-07
3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to § 608.441, Florida Statutes: Voluntarily
4. **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 § 608.4421.
5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.
6. **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 entered against it in any pending suit.

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

Dated: 4-5-07

Signature

Annie Branson

Typed or Printed name

Annie Branson

FILED
07 MAY 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESOLUTION OF MEMBERS

OF

Oasis Homehealth Care Agency, LLC
A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, being all the members of Oasis Homehealth Care Agency,
Florida limited liability company, hereby resolve to dissolve and consent to the dissolution of the
limited liability company.

Dated this the 4th day of April, 2007

Annie Branson
Member

Latonya Brantley
Member

Member

FILED
07 MAY 17 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA