

LD0000103102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

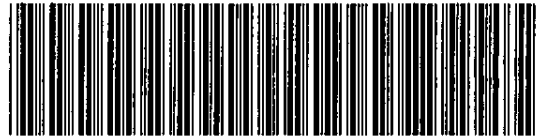
Special Instructions to Filing Officer:

L. SELLERS

FEB 26 2008

EXAMINER

Office Use Only



000118517480

02/22/08--01018--008 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 FEB 22 PM 4: 08

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aranda Family Day Care Home
(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:

Gaby A. Aranda
(Name of Person)
Aranda Family Day Care Home
(Firm/Company)
6443 NW Hacienda Ct.
(Address)
Port Saint Lucie FL 34986
(City/State and Zip Code)

For further information concerning this matter, please call:

Gaby A. Aranda at 772 359-7917 / (772) 785-852
(Name of Person) (Area Code & Daytime Telephone Numbers)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$0.00 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

2008 FEB 22 PM 4: 08

1. The name of a limited liability company is

Aranda Family Day Care Home

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 01/25/2008 and assigned document number

LDV-103102

3. The date the dissolution was approved: 01/25/2008

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).

I was not making enough income.

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

Gaby A. Aranda

Gaby A. Aranda

FILING FEE: \$25.00