

LOT 000048704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

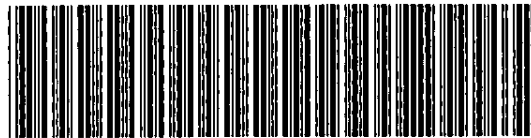
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/12--01018--003 **25.00

T. CLINE

FEB 21 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 FEB 20 PM 1:25

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2/16/12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HomeBound Therapy, LLC
(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:

Amy Noia
(Name of Person)
HomeBound Therapy, LLC
(Firm/Company)
638 Sedgewick Way
(Address)
Palm Harbor, FL 34683
(City/State and Zip Code)

For further information concerning this matter, please call:

Amy Noia at (727) 269-3060
(Name of Person) (Area Code & Daytime Telephone Number)
Fax 727-781-3530

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/16/12



ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

HomeBound Therapy, LLC

2. The Articles of Organization were filed on May 7, 2007 and assigned document number

LO7000048706

3. The date the dissolution was approved: 02/16/12

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).

medicaid and med waiver are pulling to much
funding. Job to stressful just wanted to close

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. yes

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

Amy Yureia 50%
[Signature] 50%

Amy L Noguera
LAWIOL NUGA

2012 FEB 20 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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