

LO7000068282

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

LO7-68282

(Document Number)

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08 JUN 19 AM 9:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. O'Connell JUN 19 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Long Term Care & Medicaid Planning Consultants, 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:

Linda Littlefield  
(Name of Person)

Florida Long Term Care & Medicaid Planning Consultants, LLC.  
(Firm/Company)

721 Verona Street  
(Address)

Kissimmee, FL 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Littlefield at (407) 552-7687  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

June 5, 2008

LINDA LITTLEFIELD  
721 VERONA STREET  
SUITE 100  
KISSIMMEE, FL 34741

SUBJECT: FLORIDA LONG TERM CARE & MEDICAID PLANNING  
CONSULTANTS, LLC  
Ref. Number: L07000068282

We have received your document for FLORIDA LONG TERM CARE & MEDICAID PLANNING CONSULTANTS, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6067.

Neysa Culligan  
Document Specialist

Letter Number: 208A00035006

ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

FILED

08 JUN 19 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

FLORIDA LONG TERM CARE & MEDICAID PLANNING CONSULTANTS, LLC.

2. The Articles of Organization were filed on 06/29/2007 and assigned document number

LOT 000068282.

3. The date the dissolution was approved: June 1<sup>st</sup> 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).

As provided in the operating agreement, members  
unanimously agreed to dissolution of corporation.

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

LINDA Littlefield

ROSS Littlefield