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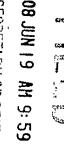
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Florida Long Term (Name of	are & Medicaid Planning Consultants, LLC Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this mat	ter to the following:	
LINDA LITTI	eheld (Name of Person)	
Florida Long Term	Care & Medicaid Planning Consultants, LIC	
721 Verona St	YeeT (Address)	
Kissimmee., F		
(C	ity/State and Zip Code)	
For further information concerning this matter, pleas	e call:	
Unida Little Field (Name of Person)	at (407) 553-7687 (Area Code & Daytime Telephone Number)	
,	· · · · · · · · · · · · · · · · · · ·	
Englosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Securified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS:	STREET/COURIER ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
P.O. Box 6327	Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301



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.

Letter Number: 208A00035006

Neysa Culligan Document Specialist

Division of Comparations DO DOV 6227 Tallahaggas Florida 22214

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

FILED 08 JUN 19 AM 9:59

1. The name of a limited liability company is	ime of a limited liability company is TALLAHASSEF FLORIDA		
FLORIDA LONG TERM CARE &			Msultants, LC.
2. The Articles of Organization were filed on	99/2007 an	d assigned doc	
3. The date the dissolution was approved:	15+2008		
4. A description of occurrence that resulted in the limited 608.441, Florida Statutes, (copy 608.441 on back cove	liability company's dissolur letter).	ition pursuant to	o section
As provided in the opera	ating agreem	ent, m	<u>iembers</u>
unanimously agreed to di	ssolution of	Corpor	ation.
5. CHECK ONE:		<u> </u>	
All debts, obligations and liabilities of the lim OR- Adequate provision has been made for the debt		· ·	
6. All remaining property and assets have been distribute rights and interests.	d among its members in acc	ordance with th	heir respective
7. CHECK ONE:			
There are no suits pending against the companion of the companion of the satistic entered against it in any pending suit.	•	rder or decree	which may be
gnatures of the members having the same percentage of m	embership interests necessa	ry to approve th	ne dissolution:
Signature	Pri	nted Name	•
	LINDA LITT	refield	
	Ross	LiTlefi	eld
·····			
			