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Division of Corporations

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L070000098956

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Rosa Wong, Paralegal
Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

17 JAN -6 AM 8:53

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J. HARRIS

**LLC DISSOLUTION OR WITHDRAWAL
D'VAL HOME HEALTH AGENCY LLC**

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January 9, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D'VAL HOME HEALTH AGENCY LLC
3408 W 84 STREET
212
HIALEAH, FL 33018

SUBJECT: D'VAL HOME HEALTH AGENCY LLC
REF: L07000098956

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AKENHILL

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

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Letter Number: 517A00000399

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TALLAHASSEE, FLORIDA

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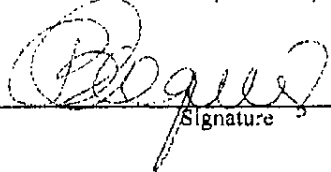
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
D'VAL HOME HEALTH AGENCY LLC
2. The Articles of Organization were filed on September 28, 2007 and assigned
document number L07000098956
3. The delayed effective date the dissolution if not effective on the date of filing: Upon Filing
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The consent of the managers of the company have approved the dissolution of the company.
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Brismay Castellon
3408 W 84 Street, Suite 212
Hialeah, Florida 33018
6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

Brismay Castellon, Manager
Printed Name

FILING FEE: \$25.00

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