

L08000038513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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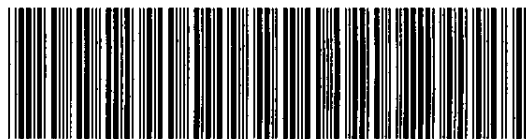
(Business Entity Name)

(Document Number)

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FILED
10 JAN 11 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN 12 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Care For The Caregiver, 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:

Sarah Sneath

(Name of Person)

Adventist Health System

(Firm/Company)

111 N. Orlando Avenue

(Address)

Winter Park, FL 32789

(City/State and Zip Code)

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For further information concerning this matter, please call:

Sarah Sneath

(Name of Person)

at (407) 975-1494

(Area Code & Daytime Telephone Number)

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

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
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TALLAHASSEE,
FLORIDA
SECRETARY OF STATE

1. The name of a limited liability company is
Care For The Caregiver, LLC

2. The Articles of Organization were filed on April 16, 2008 and assigned document number
L08000038513

3. The date the dissolution was approved: December 17, 2009

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).

Unanimous vote of Members approving dissolution.

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:
Adventist Health System Sunbelt Healthcare Corporation
100% interest

Signature

Printed Name

Ariel De Prada

Ariel De Prada

FILING FEE: \$25.00

+ 5.00
30.00