

U080000053714

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700136288577

DATE

09/29/08--01036--008 **35.00

FILED
2008 OCT 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

OCT 13 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2008

ANDRE PIERRE
550 N.E. 124TH STREET
NORTH MIAMI, FL 33161

SUBJECT: A COMPASSIONATE HOME HEALTH AGENCY, LLC
Ref. Number: L08000053714

We have received your document for A COMPASSIONATE HOME HEALTH AGENCY, LLC and your check(s) totaling \$35.00. 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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 508A000521

2008 OCT 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: A Compassionate Home Health Agency, LLC

DOCUMENT NUMBER: L08-000053714

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andre D. Pierre
(Name of Contact Person)

(Firm/Company)

550 N.E. 124th Street
(Address)

North Miami, Florida 33161
(City/State and Zip Code)

For further information concerning this matter, please call:

Andre D. Pierre at (305) 398 - 9646
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee
Certificate of Status Certified Copy Certificate of Status
(Additional copy is enclosed) (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

2008 OCT 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

LAW OFFICE OF ANDRE D. PIERRE, P.A.
550 NORTH EAST 124TH STREET
NORTH MIAMI, FLORIDA 33161

Andre Dominique Pierre, Esq.
pierreatty@bellsouth.net
apierre@pierrelawfirm.com
www.pierrelawfirm.com

Gordon C. Murray, Esq.
Of Counsel
Telephone 305-398-9646
Telefacsimile 305-398-9651

October 6, 2008

Tammi Cline
Regulatory Specialist II
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

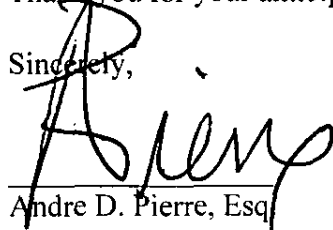
Re: Dissolution of Articles of Corporation

Dear Ms. Cline:

I have enclosed the completed form(s) that you provided to my office for further processing. However, check number 1291 in the amount of \$35.00 was not returned. For your ease of reference a copy of the check is attached.

Thank you for your anticipated cooperation.

Sincerely,


Andre D. Pierre, Esq.

ADP/gjf

RECEIVED
30 OCT -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2008 OCT 10 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2008 OCT 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

1. The name of a limited liability company is

A Compassionate Home Health Agency, LLC

2. The Articles of Organization were filed on 05/30/2008 and assigned document number

LO8-000053714.

3. The date the dissolution was approved: 9/24/08

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).

There has not been any order of business. Irreconcilable differences have arisen making it difficult to work together as a result is requesting a 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:

Signature
Andre Pierre

Printed Name

Andre Pierre

FILED
2008 OCT 10 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA