

LD0000088073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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L. SELLERS

FEB 18 2009

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FILED
09 FEB 17 AM 8:21
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jones Paradise Nursing Home, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claude Jones

(Name of Person)

(Firm/Company)

PO Box 34

(Address)

Destin, FL 32540

(City/State and Zip Code)

For further information concerning this matter, please call:

Claude Jones

(Name of Person)

at (850) 837-0055

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2009

CLAUDE JONES
P.O. BOX 34
DESTIN, FL 32540

SUBJECT: JONES PARADISE NURSING HOME, LLC
Ref. Number: L08000088073

We have received your document for JONES PARADISE NURSING HOME, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 009A00002427



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 3, 2009

CLAUDE JONES
P.O. BOX 34
DESTIN, FL 32540

SUBJECT: JONES PARADISE NURSING HOME, LLC
Ref. Number: L08000088073

We have received your document for JONES PARADISE NURSING HOME, LLC and check(s) totaling \$250.00. However, your check(s) and document are being returned for the following:

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 109A00003797

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 FEB 17 AM 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Jones Paradise Nursing Home LLC

2. The Articles of Organization were filed on 09/16/2008 and assigned document number

LD8000088073

3. The date the dissolution was approved: 09/16/2008

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).

Nursing home was not approved to be built due to land zoning.

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

Claude D Jones

Claude D. Jones