

# LO8000117154

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : TRIAD PROFESSIONAL SERVICES, LLC  
Account Number : I20020000094  
Phone : (770) 777-2091  
Fax Number : (770) 220-1943

**LLC DISSOLUTION OR WITHDRAWAL**  
**ADVOCATE HOME HEALTH CARE SERVICES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

15 JAN 20 AM 10:00

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JAN 22 2015

T. HAMPTON

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: ADVOCATE HOME HEALTH CARE SERVICES, 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:

Jennifer Parks

(Name of Person)

TRIAD Professional Services, LLC

(Firm/Company)

1720 Windward Concourse, Ste 390

(Address)

Alpharetta, GA 3 0005

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Parks

(Name of Person)

770

777-2091

at (

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

\$55.00 Filing Fee, Certificate of Dissolution &  
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

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

1. The name of a limited liability company is  
ADVOCATE HOME HEALTH CARE SERVICES, LLC
2. The Articles of Organization were filed on 12/29/2008 and assigned  
document number L08000117154
3. The delayed effective date the dissolution if not effective on the date of 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).  
Cessation of business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: David Maymon  
7866 West Commercial Boulevard  
Lauderhill, FL 33351  
\_\_\_\_\_
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:

David R. Maymon  
Signature

David Maymon  
Printed Name

FILING FEE: \$23.00

**FILED**  
15 JAN 21 AM 11:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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