L0900016024

(Requestor's Name)	
(Address)	200161232732
(Address)	
(City/State/Zip/Phone #)	
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(Document Number)	* ** ** * * * * * * * * * * * * * * *
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L. SELLERS

OCT - 6 2009

EXAMINER

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CRETARY OF STAIL

LAHASSEE FLORING

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: New Life Assisted Living Facility, LLC		
(Name of Limited Liability Corpany)		
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Laura Vaughn (Name of Person)		
(Name of Person)		
New Life Assisted Living Facility		
1890 Lemon Ave		
(Address)		
1890 Lemon Ave (Address) Kissimmee Florida 34746		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Laura Vaughn at 47, 452-0254 (Name of Person) (Area Code & Daytime Telephone Number)		
(Name of Person) (Area code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) S60.00 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 09 0CT -5 AH 8: 45

1. The name of a limited liability company is New Life Assisted Living Fa	SECRE IARY OF STATE TALLAHASSEE FLORIDA
2. The Articles of Organization were filed on Feb. 17, 2 <u>L09000016024</u>	and assigned document number
3. The date the dissolution was approved: Sept. 29, 2	2009
 A description of occurrence that resulted in the limited liabilit 608.441, Florida Statutes, (copy 608.441 on back cover letter)).
Agreement by owners to di	ssolve company.
5. CHECK ONE: All debts, obligations and liabilities of the limited lial OR-OR-Adequate provision has been made for the debts, obli 6. All remaining property and assets have been distributed amon rights and interests. 7. CHECK ONE: There are no suits pending against the company in an OR-Adequate provision has been made for the satisfaction entered against it in any pending suit. Signatures of the members having the same percentage of members.	gations and liabilities pursuant to s. 608.4421. In a gation and liabilities pursuant to s. 608.4421. In of any judgment, order or decree which may be
Signature	Printed Name
Jagre Vand	Laura Vaughn Joseph Vaughn

FILING FEE: \$25.00