

LD9000017702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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**G. MCLEOD**

APR 13 2010

**EXAMINER**



500175096185

04/09/10--01013--014 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR -9 PM 2:55

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Mending Hands  
(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:

Judy G. Rowley  
(Name of Person)  
The Mending Hands  
(Firm/Company)  
3348 NE Davis Street  
(Address)  
Arcadia, FL 34266  
(City/State and Zip Code)

For further information concerning this matter, please call:

Judy G. Rowley at (863) 494-7665  
(Name of Person) (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**

1. The name of a limited liability company is

The Mending Hands

2. The Articles of Organization were filed on 2/20/2010 and assigned document number

LD91000017702

3. The date the dissolution was approved: 4/9/2010

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).

The owner, Judy G. Rowley, has become extremely ill and is no longer able to provide the service. I am currently under Doctor's care and have not been released.

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

Judy G. Rowley

Printed Name

Judy G. Rowley

30 APR - 9 PM 2: 55

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

JUDY ROWLEY  
3348 NE DAVIS STREET  
ARCADIA, FL. 34266

Request taken by: ncausseaux  
01-12-2010

The forms you recently requested from this office are:

(1) 313. Dissolution LLC

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

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