

L09000039111

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

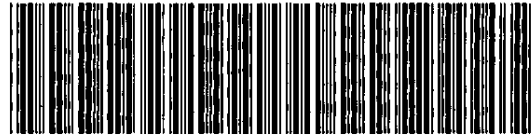
(Business Entity Name)

(Document Number)

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10 OCT 26 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 27 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 22, 2010

ROBIN STONE
162 W. ROBERTSON STREET
BRANDON, FL 33511

SUBJECT: LAKELAND COMMUNITY HEALTH AND REHABILITATION, LLC
Ref. Number: L09000039111

FILED
10 OCT 26 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LAKELAND COMMUNITY HEALTH AND REHABILITATION, 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):

You completed the wrong form

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 410A00025003

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lakeland Community Health and Rehabilitation, 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:

Robin Stone

(Name of Person)

(Firm/Company)

162 W. Robertston Street

(Address)

Brandon, FL 33511

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Stone

(Name of Person)

at (813) 681-6100

(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)

*already
have our check.*

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

FILED
10 OCT 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

FILED
10 OCT 26 PM 3:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is
Lakeland Community Health and Rehabilitation, LLC

2. The Articles of Organization were filed on 04/22/2009 and assigned document number
L09000039111

3. The date the dissolution was approved: 10/15/2010

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).

Ceased operations.

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

Robin Stone

Robin Stone