

LD9000042472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

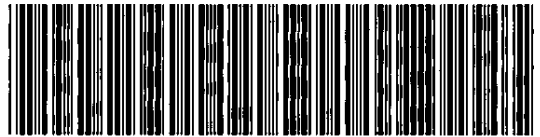
Special Instructions to Filing Officer:

L. SELLERS

JUN - 6 2009

EXAMINER

Office Use Only



900155950869

05/21/09--01021--001 **25.00

FILED
09 JUN -4 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA



5/21/09 01021/001

\$25.00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 22, 2009

SAMAL'S HOUSE ASSISTANT LIVING FACILITY "LLC"
11024 GRANT DRIVE
PORT RICHEY, FL 34668

SUBJECT: SAMAL'S HOUSE ASSISTANT LIVING FACILITY "LLC"
Ref. Number: L09000042472

We have received your document for SAMAL'S HOUSE ASSISTANT LIVING FACILITY "LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Number three of the document must contain the date the decision to dissolve was approved or became effective. This date must be prior to the date this document was submitted for filing.

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: 909A00017458

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED

09 JUN -4 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. The name of a limited liability company is

SAMAL'S HOUSE ASSISTANT LIVING FACILITY 'LLC'

2. The Articles of Organization were filed on MAY 01, 2009 and assigned document number

LO9000042472

3. The date the dissolution was approved 05/20/2009

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).

WE FOUND THAT WE ARE UNABLE TO MEET
THE REQUIRED STANDARD FOR THIS TYPE OF
BUSINESS AS REQUIRED BY PASCO COUNTY.

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

Clara Beharie

CLARA BEHARIE