

LV9 00004 7566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

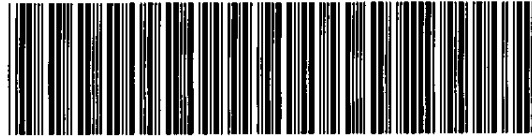
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**B. KOHR**

JUL 12 2011

**EXAMINER**



000209816350

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2011 JUL 12 AM 10:15  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 3:03



CORPORATION SERVICE COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 3:03

ACCOUNT NO. : I20000000195  
REFERENCE : 810274 7706675  
AUTHORIZATION : *Squibb*  
COST LIMIT : \$ 25.00

ORDER DATE : June 13, 2011  
ORDER TIME : 8:42 AM  
ORDER NO. : 810274-010  
CUSTOMER NO: 7706675

DOMESTIC FILINGS

NAME: CONSTANCE CARE HOME  
HEALTHCARE/SOUTH, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XXX PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young - EXT# 2962

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

FILED STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 3:03

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CONSTANCE CARE HOME HEALTHCARE/SOUTH, 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:

MR. CHARLES P. BRADLEY

(Name of Person)

(Firm/Company)

339 WOOD LANE

(Address)

CIRCLEVILLE OH 43113

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES P. BRADLEY

(Name of Person)

at ( 740 ) 4778689

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUL 12 PM 3: 03

1. The name of a limited liability company is  
CONSTANCE CARE HOME HEALTHCARE/SOUTH, LLC

2. The Articles of Organization were filed on 05/15/2009 and assigned document number  
L09000047566

3. The date the dissolution was approved: 6-01-2011

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).

Since 5-15-2009 until Current the Company has failed to accomplish a break-even or positive bottom line, thereby requiring consistent cash requirements on individual members.

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
<u>Charles P. Bradley 95% member</u>	<u>CHARLES P. BRADLEY, MEMBER</u> <i>MANAGING</i>
<u>Constance J. Bradley 5% member</u>	<u>CONSTANCE J. BRADLEY, MEMBER</u>
_____	_____
_____	_____
_____	_____