

LO9000048159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

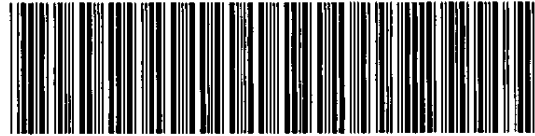
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800156560538

06/08/09 - 01015-030 - \$25.00

LO9-48159

09 JUN 19 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

S. HAWKES
JUN 22 2009
EXAMINER

Filing of Documents

We enclose the following documents for filing with your office:

June 05, 2009

Articles of Dissolution for Florida Limited Liability Company
& filing fee \$25.00

Please contact us if you have any questions.

To:

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Richard M. Georges, P.A.

P.O. Box 14545
St. Petersburg, FL 33733
727-321-4420 (phone) 727-321-2398 (fax)

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

1. The name of the limited liability company is: NURSE TO YOU HOME HEALTH CARE, LLC.

2. The date dissolution was approved: June 5, 2009.

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes: all the members have unanimously agreed in writing to dissolve the company.

4. Adequate provision has been made for the debts, obligations, and liabilities of the company under F.S. 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. There are no lawsuits pending against the company in any court.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Typed or Printed Name


LYNN ZIRKEL

NURSE TO YOU HOME HEALTH CARE,
LLC

FILED
09 JUN 19 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA