

LO9000054114

(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:

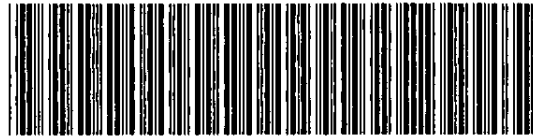
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B. KOHR

MAR 21 2012

EXAMINER



700224029147

03/19/12--01028--012 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 19 PM 4:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4th Quarter Care, LLC
(Name of Limited Liability Company)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
12 MAR 19 PM 4:50

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy L Chapin

(Name of Person)

(Firm/Company)

2888 - 47th Street No.

(Address)

St. Petersburg, FL 33713

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy L. Chapin

(Name of Person)

at (727) 418-7760

(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
12 MAR 19 PM 4:50

1. The name of a limited liability company is

4th Quarter Care, LLC

2. The Articles of Organization were filed on 06/04/09 and assigned document number

L09000054114

3. The date the dissolution was approved: _____

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).

Sole owner changed line of work - no longer
runs this small business - client died

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

Nancy L. Chapin

NANCY L. CHAPIN

FILING FEE: \$25.00