

LD9000055396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2011 APR 28 PM 2:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
APR 29 2011  
EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MIRACLE HANDS ELDER CARE SERVICE  
(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:

MILAGROS QUINONES

(Name of Person)

MIRACLE HANDS ELDER CARE SERVICE

(Firm/Company)

1149 WORTHINGTON DR

(Address)

DELTONA, FL 32738

(City/State and Zip Code)

For further information concerning this matter, please call:

MILAGROS QUINONES

(Name of Person)

at ( 321 )

420-2952

(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

2011 APR 28 PM 2:24

1. The name of a limited liability company is

MIRACLE HANDS ELDER CARE SERVICE LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on September 8, 2009 and assigned document number  
L09000055396

3. The date the dissolution was approved: May 7, 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).

Voluntary dissolution by business owners

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  
Milagros Quinones

Printed Name

Milagros Quinones

FILING FEE: \$25.00