

LD900006318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

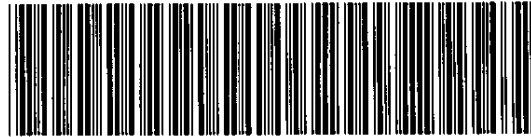
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
16 APR 27 AM 9:16

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APR 28 2016

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELDERCARE SERVICES OF TALLAHASSEE, 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:

Emily S. Waugh

(Name of Person)

Ausley McMullen

(Firm/Company)

123 South Calhoun Street

(Address)

Tallahassee, FL 32301

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA
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For further information concerning this matter, please call:

Emily Waugh

(Name of Person)

at

850 425-5428

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution &
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**

1. The name of a limited liability company is
ELDERCARE SERVICES OF TALLAHASSEE, LLC
2. The Articles of Organization were filed on JUNE 30, 2009 and assigned
document number L09000063188
3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
The consent of the limited liability company's sole member, Brookins Elderserve, Inc.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: N/A

6. Signature of an authorized person or if there are no members, the signature of the person appointed and listed above to wind up the company's activities and affairs:

BROOKINS ELDERSERVE INC.

By: _____

M. Scott Brookins as President of Brookins
Elderserve, Inc.

M. Scott Brookins

Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 27 AM 9:16

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: ELDERCARE SERVICES OF TALLAHASSEE, LLC

Document number of Limited Liability Company is: L09000063188

Date of dissolution was: APRIL 27, 2016

Description of information that must be included in a written claim:

The event (including date(s)) giving rise to the claim and the basis of the claim.

The amount of the claim.

The supporting documentation for the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

M. Scott Brookins

P. O. Box 13085

Tallahassee, FL 32317-3085

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

BROOKINS ELDERSERVE, INC.

By: _____

M. Scott Brookins as President of Brookins
Elderserve, Inc.

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32304
16 APR 27 AM 9:16