

L 091000063188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

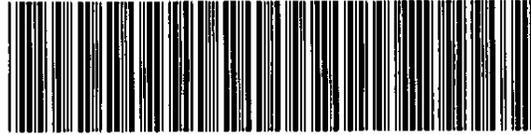
(Business Entity Name)

(Document Number)

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

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FILED  
16 JUN 21 PM 4:03  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

04/27/16--01005--0225.00

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DEPARTMENT OF STATE  
16 APR 27 PM 3:25  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

JUN 22 2016

Y SULKFR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2016

EMILY S WAUGH  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

SUBJECT: ELDERCARE SERVICES OF TALLAHASSEE, LLC  
Ref. Number: L09000063188

We have received your document for ELDERCARE SERVICES OF TALLAHASSEE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A Statement of Termination may be filed after the limited liability company has completed winding up and after a voluntary dissolution has been filed with this office. See section 605.0709(7), Florida Statutes for reference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 416A00008791

15 JUN 21 11:40  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 JUN 21 PM 1:40

AUSLEY McMULLEN

Requester's Name

123 S. CALHOUN

Address

TALLAHASSEE 850 224-9115

City/State/Zip

Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. \_\_\_\_\_  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)
- 5. \_\_\_\_\_  
(Corporation Name) (Document #)
- 6. \_\_\_\_\_  
(Corporation Name) (Document #)
- 7. \_\_\_\_\_  
(Corporation Name) (Document #)

RECEIVED  
 JUN 21 PM 1:34  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FLORIDA

- Walk in
- Pick up time \_\_\_\_\_
- Certified copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

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

Dear Sir or Madam:

The enclosed Statement of Termination 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

ewaugh@ausley.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMILY S. WAUGH

Name of Person

at ( 850 ) 425-5428

Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:

**FIRST:** The name of the limited liability company is: \_\_\_\_\_  
ELDERCARE SERVICES OF TALLAHASSEE, LLC

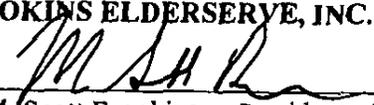
**SECOND:** The Florida Document number of the limited liability company is: L09000063188

**THIRD:** The date of filing of the initial articles of organization is: JUNE 30, 2009

**FOURTH:** The date of filing of the dissolution is: APRIL 27, 2016

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

**BROOKINS ELDERSERVE, INC.**

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

M. SCOTT BROOKINS  
Typed or printed name of signature

FILED  
16 JUN 21 PM 4:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)