

L 0910000063188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

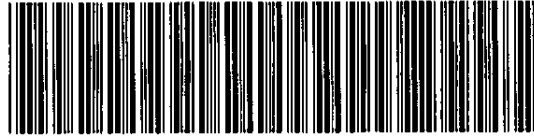
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

JUN 22 2016

Y SULKER



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

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15 JUN 21 PM 1:40
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FILING

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 #)

☐ 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 at (850) 425-5428
Name of Person 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
CLERK OF COURT
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)