

L09000100485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2016 APR 27 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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16 APR 27 PM 3:19

NOT INTERFERED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

K. SALY  
EXAMINER

APR 28

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TALLAHASSEE SENIOR CARE, 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)

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

FILED  
2016 APR 27 AM 8:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is  
TALLAHASSEE SENIOR CARE, LLC

2. The Articles of Organization were filed on OCTOBER 19, 2009 and assigned  
document number L09000100485

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

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

M. Scott Brookins

Printed Name

**FILING FEE: \$25.00**

**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: TALLAHASSEE SENIOR CARE, LLC

Document number of Limited Liability Company is: L09000100485

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

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**  
**2016 APR 27 AM 8:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**