

LO9000100485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

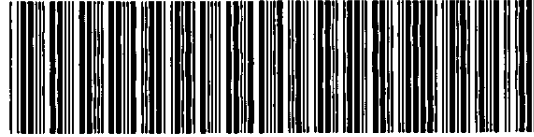
(Business Entity Name)

(Document Number)

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16 JUN 21 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE  
16 APR 27 PM 3:20  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

J. HARRIS  
JUN 23 2016  
9:02 3:2 AM

AUSLEY McMULLEN

Requester's Name

123 S. CALHOUN

Address

TALLAHASSEE

City/State/Zip

850 224-9115

Phone

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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. \_\_\_\_\_  
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(Corporation Name) (Document #)

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16 JUN 21 PM 1:34  
OFFICE OF THE  
CLERK OF THE  
SUPREME COURT  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tallahassee Senior Care, 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 28, 2016

EMILY S WAUGH  
AUSLEY MCMULLEN  
123 SOUTH CALHOUN STREET  
TALLAHASSEE, FL 32301

SUBJECT: TALLAHASSEE SENIOR CARE, LLC  
Ref. Number: L09000100485

RECEIVED  
16 JUN 21 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for TALLAHASSEE SENIOR CARE, 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 016A00008791

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16 JUN 21 PM 1:40  
TALLAHASSEE  
SECRETARY OF STATE

**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: TALLAHASSEE SENIOR CARE, LLC


**SECOND:** The Florida Document number of the limited liability company is: L09000100485

**THIRD:** The date of filing of the initial articles of organization is: OCTOBER 19, 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

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

CR2E141 (2/14)

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16 JUN 21 AM 8:19  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA