

LD9000115305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

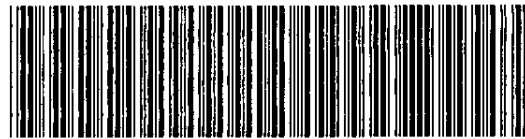
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700192263917

01/24/11--01016--008 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB -3 PM 2 30

N. Culligan FEB 3 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seminole Homemaker AND Companion Services
(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:

MELISSA TYTAR
(Name of Person)
Seminole Homemaker AND Companion Services
(Firm/Company)
9909 48th Ave. N.
(Address)
St. Petersburg, FL 33708
(City/State and Zip Code)

For further information concerning this matter, please call:

MELISSA TYTAR at (727) 398-1685
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

MELISSA TYTAR
9909 48TH AVENUE N.
ST. PETERSBURG, FL 33708

SUBJECT: SEMINOLE HOMEMAKER AND COMPANION SERVICES LLC
Ref. Number: L09000115305

We have received your document for SEMINOLE HOMEMAKER AND COMPANION SERVICES 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):

The date the dissolution was approved has to be before it was received in our office. That date was 01/24/11.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 611A00002066

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB -3 PM 2:30

1. The name of a limited liability company is

Seminole Homebased AND Companion Services LLC

2. The Articles of Organization were filed on 12-03-09 and assigned document number

LO9000115305

3. The date the dissolution was approved: 12-30-10

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

NO CLIENTS, NO EMPLOYEES NO BUSINESS EVER
GENERATED: NO REVENUE

5. CHECK ONE:

- ☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-
☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

- ☒ There are no suits pending against the company in any court.
-OR-
☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

Printed Name

Melissa Tytar

MELISSA TYTAR

FILING FEE: \$25.00