

L10000035183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

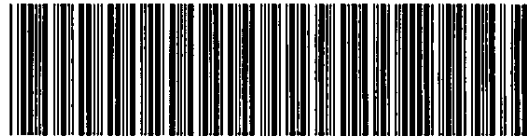
Special Instructions to Filing Officer:

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paperwork

JUN 27 2014

A. LUNT

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200259538842

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JUN 26 PM 4:52  
TALLAHASSEE, FL 32307

FILED

05/15/14--01023--014 \*\*35.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2014

MARK MIKLOS  
3647 DR. MARTIN LUTHER KING JR STREET N  
ST. PETE, FL 33704

SUBJECT: ALPHA HOMECARE, LLC  
Ref. Number: L10000035183

We have received your document for ALPHA HOMECARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 414A00012172

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Alpha Homecare, 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:

Mark Miklos

(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3647 Dr Martin Luther King Jr St. N.  
(Address)

St. Pete, FL 33704

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Miklos

(Name of Person)

at (

727 ) 599-1543

(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

RECEIVED  
TALLAHASSEE, FL 32301  
JUN 26 PM 4:52

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**ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Alpha Homecare, LLC

2. The Articles of Organization were filed on \_\_\_\_\_ and assigned

document number L10000035183

3. The delayed effective date the dissolution if not effective on the date of filing: 6/15/14  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

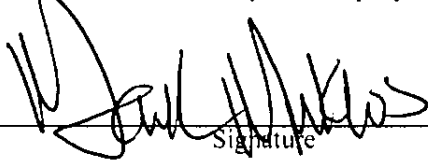
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

closed business. Business no longer needed.

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

Mark Miklos  
3647 Dr. Martin Luther King Jr St. N  
St. Pete FL 33704  
(727) 599-1543

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:

  
Signature

Mark Miklos  
Printed Name

**FILING FEE: \$25.00**

FILED  
2014 JUN 26 PM 4:52  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF  
HILLSBOROUGH, FLORIDA