

L10000036370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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11 MAR 25 AM 9:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

MAR 28 2011

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bella Vista CNA Training Program 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:

Osceola Brunson  
(Name of Person)  
Bella Vista CNA Training Program LLC  
(Firm/Company)  
7915 Ridgewood C. West.  
(Address)  
Lakeland, FL 3380  
(City/State and Zip Code)

For further information concerning this matter, please call:

Osceola Brunson at (863) 859-5316  
(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

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TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

Bella Vista CNA Tutorial Training Program LLC

2. The Articles of Organization were filed on April 05, 2010 and assigned document number

L10000036370

3. The date the dissolution was approved: February 17, 2011

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).

The company went out of business.

**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. 608.441.

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.

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TALLAHASSEE, FLORIDA

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

Signature  
Osceola Brunson  
Alfonso Brunson  
Minnie Wright

Printed Name  
Osceola Brunson  
Alfonso Brunson  
Minnie Wright



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2011

OSCEOLA BRUNSON  
7915 RIDGEGLEEN C. WEST  
LAKELAND, FL 33809

SUBJECT: BELLA VISTA CNA TUTORIAL TRAINING PROGRAM L.L.C.  
Ref. Number: L10000036370

We have received your document for BELLA VISTA CNA TUTORIAL TRAINING PROGRAM L.L.C. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 811A00004179

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11 MAR 25 AM 9:02  
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