

L10000057314 ✓

(Requestor's Name)

PO Box 98
Nobletton FL
34661

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/11--01024--018 **35.00

SEP 27 PM 4:55
STATE
FALLAHASSEE, FLORIDA

B. BOSTICK
SEP 28 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senior Care Professionals
(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:

Robyn Lemon
(Name of Person)

(Firm/Company)

PO Box 98
(Address)

Nobleton FL 34661
(City/State and Zip Code)

For further information concerning this matter, please call:

Robyn Lemon at (941) 704-2437
(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)

already pd 35.00

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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

11 SEP 27 PM 4:55

FILED

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

1. The name of a limited liability company is

Senior Care Professionals

2. The Articles of Organization were filed (on UNK?) Jan 2010 and assigned document number L10000057314.

3. The date the dissolution was approved: UNK.

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).

Never started the company

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.

FILED
11 SEP 27 PM 4:55
SECURITIES STATE
TALLAHASSEE, FLORIDA

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

Signature

Printed Name

Robyn Lemon

Robyn Lemon



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 17, 2011

SENIOR CARE PROFESSIONALS, LLC
POST OFFICE BOX 98
NOBLETON, FL 34661

SUBJECT: SENIOR CARE PROFESSIONALS, LLC
Ref. Number: L10000057314

We have received your document for SENIOR CARE PROFESSIONALS, 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):

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: 411A00019339