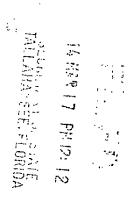
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(Re	equestor's Name)	•
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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**1816**vers MAR 1.9 2014

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

### Peoples Home Helpers, 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:

Tim Buttell
(Name of Person)
Peoples Home Health, LLC
(Firm/Company)
213 E. Wright Street
(Address)
Pensacola, FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Buttell

\_850

470-9288

(Name of Person)

(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

## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	. The name of a limited liability company is  Peoples Home Helpers, LLC .								
2.	The Articles of Organizatio	Articles of Organization were filed on July 26, 2010 and assigned							
	document number L1000	0078323							
3.	3. The delayed effective date the dissolution if not effective on the date of filing:								
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to sec 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).									
	ceased operations in	2012							
					<del></del>				
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
5.	If there are no members, en	ter the name and addre	ess of the person appointe	ed to wind up the comp	any's				
	activities and affairs:	Tim Buttell							
		213 E Wright S	treet						
		Pensacola, FL	32501						
6. ab	Signature of an authorized ove to wind up the company	person or if there are n	o members, the signature	of the person appointe	ed and listed				
	Signature		Print	ted Name					
	( Juni		Tim Buttell	. G.	-				
ĺ		FILIN	IG FEE: \$25.00	LANA ARABA	4 117 5				
				LONDA	H12-12				