

L11 0000 00056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

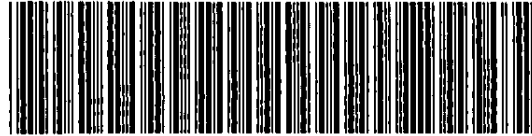
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 15 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Triple E Home Health Services 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:

Jose Perez

(Name of Person)

Ability Home Health Services

(Firm/Company)

1811 Coqui Court

(Address)

Odessa, FL 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Perez

(Name of Person)

at 813 446-7249

(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

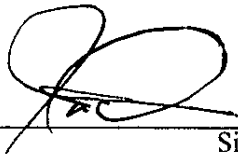
**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
Ability Home Health Services Triple E Health Services LLC
2. The Articles of Organization were filed on 12/30/2010 and assigned
document number L11000000056
3. The delayed effective date the dissolution if not effective on the date of filing: 07/04/2016
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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).
Force out of business by unscrupulous partners which attempted to take over the business by controlling the
the billing and funds of the business. We were forced out by not having the necessary funds to run the business.
One of the partners in question are under investigation by the federal government and the other has an open
bankruptcy file.

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

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

Jose Perez

Printed Name

FILING FEE: \$25.00

10 JUL 15 PM 12:58
STATE
TALLAHASSEE, FLORIDA

FILED