

L11000009709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

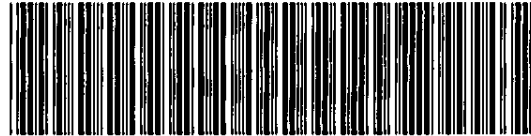
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK
DEC 29 2011
EXAM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Care Plus Family Support Solutions 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:

Dan Charles Hampton Jr

(Name of Person)

(Firm/Company)

7400 Powers Ave, Apt 596

(Address)

Jacksonville, FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Hampton

(Name of Person)

at (904) 755-6210

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

1. The name of a limited liability company is

Care Plus Family Support Solutions LLC

2. The Articles of Organization were filed on January 24, 2011 and assigned document number L11000009709

3. The date the dissolution was approved: December 30, 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).

I'm not authorized to form a LLC until I have been in this line of business for at least one year. This is in accordance with the Agency for Persons with Disabilities. My one year date will not occur until April 25, 2012.

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.

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

Signature

Printed Name

Dan Charles Hampton Jr.

Dan Charles Hampton Jr

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00