

L110000062248

(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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11 OCT 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 20 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GILD ADULT FAMILY 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:

CASZIE HART

(Name of Person)

CAREGIVER CONSULTING, INC.

(Firm/Company)

13899 BISCAYNE BLVD., SUITE 101

(Address)

N. MIAMI BEACH, FL 33181

(City/State and Zip Code)

For further information concerning this matter, please call:

CASZIE HART

(Name of Person)

at (786) 514-9177

(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

FILED
11 OCT 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 6, 2011

CASZIE HART
CAREGIVER CONSULTING, INC.
13899 BISCAYNE BLVD., SUITE 101
MIAMI, FL 33181

SUBJECT: GILD ADULT FAMILY SERVICES LLC
Ref. Number: L11000062248

We have received your document for GILD ADULT FAMILY SERVICES LLC and check(s) totaling \$35.00. However, your check(s) and document are being returned for the following:

We are returning your check for \$35.00 to be replaced by one in the correct amount of \$25.00.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 911A00023043

FILED
11 OCT 19 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of a limited liability company is

GILD ADULT FAMILY SERVICE LLC

2. The Articles of Organization were filed on 05/26/2011 and assigned document number L11000062248

3. The date the dissolution was approved: 10/03/2011

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 limited liability company is being dissolved upon written consent of all
the members, pursuant to section 608.441(1)(c).

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

Marie L. Alines

Marie L. ALINES

FILED
OCT 19 2011
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILING FEE: \$25.00