

L11000073103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500237833555

07/27/12--01028--019 **25.00

FILED
12 JUL 27 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUL 30 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Motherland Remedies, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Prowse
Name of Person

Motherland Remedies, LLC
Firm/Company

264 SW 180th Avenue
Address

Pembroke Pines, FL 33029
City/State and Zip Code

lprowse1@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Prowse at (305) 215-8221
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

FILED
22 JUL 27 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

HAMILTON BATES CONSTRUCTION LLC

2. The Articles of Organization were filed on SEPT. 18, 2006 and assigned document number

LO6000091093

3. The date the dissolution was approved: 6/27/2012

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).

PROJECT COMPLETED SO LLC DISSOLVED

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.

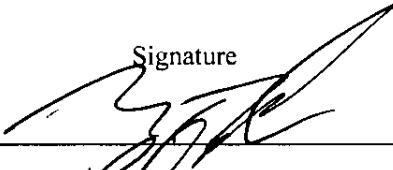
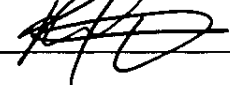
7. CHECK ONE:

- ☒ 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

JAMES T. BATES
RANOY HAMILTON

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Motherland Remedies, LLC
2. (a) Principal office address of limited liability company: 264 SW 180th Avenue
Pembroke Pines, FL 33029
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 264 SW 180th Avenue
Pembroke Pines, FL 33029
(Note: **MAY BE POST OFFICE BOX**)
L11000073103
3. Date of filing/registration in Florida
4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: United States Corporation Agents, Inc
Registered Office Address: 13302 Winding Forest Oaks Court
Suite A
Tampa, FL 33612
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Linda Prowse
NEW Registered Office Address: 264 SW 180th Avenue
Pembroke Pines, FL 33029
(**MUST BE FLORIDA STREET ADDRESS**)

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Linda Prowse
Signature of a member or authorized representative of a member

Linda Prowse
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Linda Prowse
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
JUL 27 PM 1:53
TALLAHASSEE, FLORIDA
FILED
JUL 27 PM 1:53
TALLAHASSEE, FLORIDA