

L11 0000 750 99

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

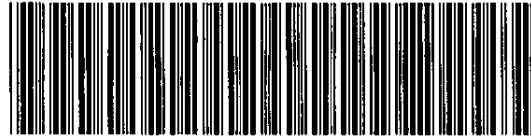
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
JAN 13 2014  
6:05 PM

J. Stivers | JAN 15 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Comforting Moments LLC- L11000075099  
(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:

Lisa Richards Morgan

(Name of Person)

DBA / Home Helpers / Direct Link 58582

(Firm/Company)

450 NE 155th Place

(Address)

Citra, Florida 32113

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Morgan

(Name of Person)

at ( 352 ) 342-3763

(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  
Comforting Moments LLC dba Home Helpers & Direct Link 58582
2. The Articles of Organization were filed on June 28, 2011 and assigned  
document number L11000075099
3. The delayed effective date the dissolution if not effective on the date of filing: closed 7-25-2013
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).  
Lisa has been in very bad health and is now being placed on Heart Transplant list at Mayo Clinic in Jacksonville, Florida.  
Many trips in and out of Hospital in year 2013. Unable to maintain control of the company.  
My husband works in Afghanistan so we closed out.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Lisa Richards Morgan
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

Printed Name

Lisa Richards Morgan

Lisa Richards Morgan

*Lisa Richards Morgan*  
1-9-2014

FILING FEE: \$25.00

FILED  
JAN 13 2014  
CLERK OF COURT  
JACKSONVILLE, FLORIDA