11000100979

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



200224021902

03/12/12--01038--017 **35.00

FILED
2012 APR -4 AM 8: 38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



J. BRYAN

APR - 5 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2012

DOUNEY AVILA D.A.G. CARE, LLC 8126 W 15 AVE HIALEAH, FL 33014

SUBJECT: D.A.G. CARE, L.L.C. Ref. Number: L11000100979



We have received your document for D.A.G. CARE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

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) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 212A00009270

COVER LETTER

Division of Corporations	
SUBJECT: D.A.G. Care, LLC	
(Name of Limited Liability Company)	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.	2012
Please return all correspondence concerning this matter to the following:	TA .
Douney Avala (Name of Person)	型品工
D.A.G. Care, LLC	H 8:38
(Firm/Company) 8126 W 15 AVR (Address)	
Hialeah, FL 33014 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Douney Avila at (786) 343-1239 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	i)
MAILING ADDRESS: STREET/COURIER ADDRESS:	

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

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

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY	
1. The name of a limited liability company is Do A. G. Care, LLC	ò
2. The Articles of Organization were filed on 09/01/2011 and assigned document number 2 11000100979.	
3. The date the dissolution was approved: $03/01/2012$.	
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). Written Consent of Members	
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 Douney Avila	