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(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:		





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S. WARREN
DEC 2 9 2017

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Hopewell Nurse Registry, 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:

John Grant (Name of Person) The Law Office of John A. Grant, P.A. (Firm/Company) 2121-C Killarney Way (Address) Tallahassee, FL 32309

(City/State and Zip Code)

Blake Hayward

,,850 \,\386-4

(Name of Person)

(Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee and Certificate of Dissolution

For further information concerning this matter, please call:

■ \$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 Hopewell Nurse Registry, LLC			
2.	The Articles of Organization	n were filed on November 8, 2011 and assigned		
	document number L1100012	7277		
3.	Note: If the date inserted in the	date the dissolution if not effective on the date of filing: December 31, 2017 fective date cannot be prior to or more than 90 days later than date document is received for filing) ed in this block does not meet the applicable statutory filing requirements, this date will not be seffective date on the Department of State's records.		
4.	A description of occurrence 605.0707, Florida Statutes, (that resulted in the limited liability company's dissolution pursuant to section copy 605.0707 on back cover letter).		
	The ooccurrence of cents speci	fied in the operating agreement of the Company, specifically, the execution of an		
	instrument approving the disso	lution of the Company by a Super Majority of the Members		
5.	If there are no members, ent activities and affairs:	enter the name and address of the person appointed to wind up the company's Blake Hayward		
		2121-H Killarney Way		
		Tallahassee, FL 32309		
		person or if there are no members, the signature of the person appointed and appany's activities and affairs:		
	Bulaged	Blake Hagward Printed Name		
	6 Signature	Printed Name		
		FILING FEE: \$25.00		