

L1000B1322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

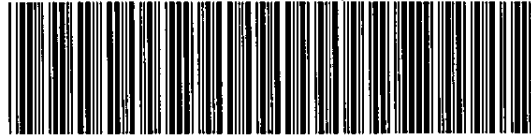
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271696827

04/16/15--01004--012 **25.00

FILED

15 APR 16 PM 5:10

GEORGIA DEPT STATE
TOLSON, J. EDGAR

APR 27 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Independence at Home 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:

June Leland

(Name of Person)

Independence at Home LLC

(Firm/Company)

PO Box 1030

(Address)

New Port Richey FL 34656-1030

(City/State and Zip Code)

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15 APR 16 PM 5:10
TALLAHASSEE, FL
SECRETARY OF STATE

For further information concerning this matter, please call:

June Leland

(Name of Person)

813

395-3455

at ()

(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:

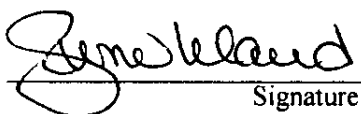
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

1. The name of a limited liability company is
Independence at Home LLC
2. The Articles of Organization were filed on November 17, 2011 and assigned
document number L11000131322
3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)
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).
The consent of all members.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: _____

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

June Leland

Printed Name

FILING FEE: \$25.00

FILED
15 APR 19 5:10
CLERK OF COURT
JULIA A. HARRIS
CLERK

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Independence at Home LLC

Document number of Limited Liability Company is: L11000131322

Date of dissolution was: April 1, 2014

Description of information that must be included in a written claim:

FILED
15 APR 16 PM 5:10
SECRET

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

June Leland

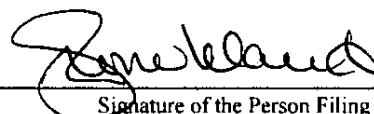
PO Box 1030

New Port Richey FL 34656-1030

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

June Leland

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00