

L11 000145223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

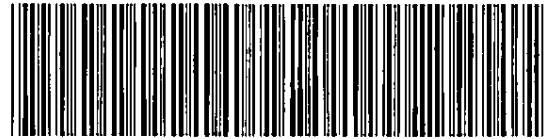
(Document Number)

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2023 APR 28 AM 10:10  
SECRETARY  
TALLAHASSEE, FL

RECEIVED  
2023 APR 28 AM 10:07  
TALLAHASSEE, FL

**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 04/28/2023  
Acc#I20160000072

*en: c DW*

Name:	Jewish Home Care Services of Miami-Dade, LLC
Document #:	
Order #:	14908082

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Email Address for Annual Report Notifications:

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Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **25.00**

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jewish Home Care Services of Miami-Dade, 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:

RoxAnn D. Mack

\_\_\_\_\_  
(Name of Person)

Faegre Drinker Biddle & Reath

\_\_\_\_\_  
(Firm/Company)

1470 Walnut Street, Suite 300

\_\_\_\_\_  
(Address)

Boulder, CO 80302

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RoxAnn D. Mack

\_\_\_\_\_  
(Name of Person)

303

447-7750

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

1. The name of a limited liability company is  
Jewish Home Care Services of Miami-Dade, LLC

2. The Articles of Organization were filed on December 29, 2011 and assigned  
document number L11000145223

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)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be  
listed as the document's effective date on the Department of State's records.

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 dissolution was consented to by the sole member.

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:

L Kaufman Bensmihen

Signature

Lisa Kaufman-Bensmihen

Printed Name

**FILING FEE: \$25.00**

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TALLAHASSEE

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