

L12000007853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

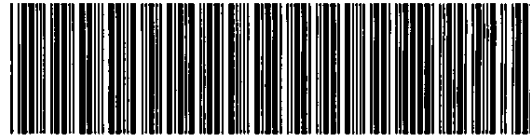
(Business Entity Name)

(Document Number)

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AND
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12 DEC 13 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
DEC 14 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLATINUM EXPERT CARE, 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:

STEVE LEBER

(Name of Person)

(Firm/Company)

6181 HOLLOWS LANE

(Address)

DELRAY BEACH, FL 33484

(City/State and Zip Code)

For further information concerning this matter, please call:

LEE LAZARUS

(Name of Person)

646 331-1300

(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Enclosed is a check for the following amount:

ρ \$25.00 Filing Fee

ρ \$30.00 Filing Fee &
Certificate of Status

ρ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

ρ \$60.00 Filing Fee,
Certificate of Status &
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
PLATINUM EXPERT CARE, LLC

2. The Articles of Organization were filed on JANUARY 17, 2012 and assigned document number
L12000007853

3. The date the dissolution was approved: DECEMBER 7, 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).

DISSOLUTION UPON THE OCCURANCE OF EVENTS SPECIFIED IN THE OPERATING AGREEMENT.

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
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

STEVEN LEBER

ROBERT COLTON

FILING FEE: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED