

U2000027484

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

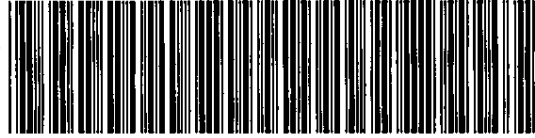
MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Atlantic Senior Care Services, LLC

**DOCUMENT NUMBER:** L12000027484

The enclosed **Notice of Limited Liability Company Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Cataldo  
(Name of Contact Person)

Atlantic Senior Care Services, LLC  
(Firm/Company)

161 BARBADOS DR.  
(Address)

Jupiter, FL 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony Cataldo at (72) 600-8055  
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy (Additional copy is enclosed)       \$60 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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STATE OF FLORIDA  
TALLAHASSEE, FL 32301

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ARTICLES OF DISSOLUTION  
FOR  
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Atlantic Senior Care Services, LLC

2. The Articles of Organization were filed on 02/27/2012 and assigned

document number L12000027484

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)

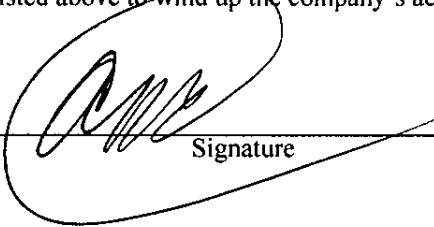
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Surrendered to creditor

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

Anthony Cataldo (CoE)  
Rachel Hand  
161 BARBADOS DR  
Jupiter, FL 33458

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

Anthony Cataldo  
Printed Name

FILING FEE: \$25.00

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TALLAHASSEE  
STATE OF FLORIDA