

U12000059161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

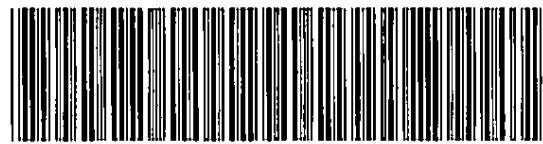
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/06/20--01033--032 *55.00

STATE OF MASSACHUSETTS
DEPARTMENT OF CORPORATIONS
Division of Corporations

20 APR -6 PM 4:10

Dissolution

APR 16 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RELIANT SENIOR CARE MANAGEMENT, 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:

Anthony I. Sciore

(Name of Person)

RELIANT SENIOR CARE MANAGEMENT, LLC

(Firm/Company)

P.O. Box 957

(Address)

Broomall PA. 19008

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony I. Sciore

(Name of Person)

at (610) 389-1022

(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

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
20 APR - 6 PM 4:10

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

RELIANT SENIOR CARE MANAGEMENT, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L12600059161

03/31/2020

3. The delayed effective date the dissolution if not effective on the date of filing: 4/3/2019
(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).

OUT OF BUSINESS

20 APR -6

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

activities and affairs:

RELIANT SENIOR CARE MGT

DEPARTMENT OF STATE
FLORIDA
REGISTRATION

ANTHONY J. SCIOLE

P.O. Box 957

Broomall, PA 19008

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:

Anthony J. Sciole

Signature

Anthony J. Sciole

Printed Name

FILING FEE: \$25.00

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: RELIANT SENIOR CARE MANAGEMENT, LLC

Document number of Limited Liability Company is: L12000059161

Date of dissolution was: 03/31/2020

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

original invoice

EXECUTED SHIPPING Document

EXECUTED RECEIVING Document

EXECUTED CONTRACT

RECEIVED
SHERIFF OF ST. LUCIE COUNTY
WILLIAM M. COOPERATION
20 APR -5 PM 4:00

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

RELIANT SENIOR CARE MANAGEMENT

P.O. Box 957

BROOKVILLE, PA 19008

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.

Anthony J. Sciole

Printed Name of the Person Filing

W. Sciole

Signature of the Person Filing

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