

L12000089637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

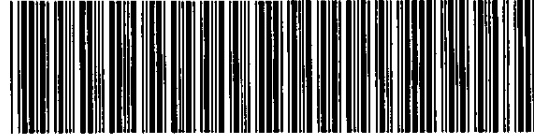
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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25.00

04/22/14--01009--007

RECEIVED
14 MAY 29 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Strivers APR 24 2014

J. Strivers MAY 29 2014

657



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2014

KEVIN MARTIN
12620-3 BEACH BLVD #181
JACKSONVILLE, FL 32246

SUBJECT: TOP QUALITY HOME CARE, LLC
Ref. Number: L12000089637

We have received your document for TOP QUALITY HOME CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 414A00008832

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Quality Home 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:

Kevin C. Martin
(Name of Person)

Top Quality Home Care, LLC
(Firm/Company)

12620-3 Beach Blvd, #181
(Address)

Jacksonville FL 32246
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin C. Martin at (904) 472-1459
(Name of Person) (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

Top Quality Home Care, LLC

2. The Articles of Organization were filed on 7/10/12 and assigned document number L12000089637

3. The delayed effective date the dissolution if not effective on the date of filing:

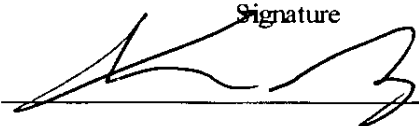
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Company no longer wanted/needed. Loss in 2012 and 2013.

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

Kevin C. Martin
12620-3 Beach Blvd, #181
Jacksonville FL 32246

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 

Printed Name Kevin C. Martin

FILING FEE: \$25.00

FILED
14 MAY 28 AM 9:52
STATE
TALLAHASSEE, FLORIDA