

L 12 000 10 5557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

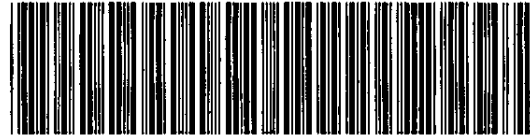
(Business Entity Name)

(Document Number)

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

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J. Silvers FEB 25 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TENDER CARE MEDICAL, 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:

JOHN S. BOHATCH

(Name of Person)

GUTTENMACHER, BOHATCH & PENARANDA, P.A.

(Firm/Company)

7301 SW 57TH COURT SUITE 560

(Address)

SOUTH MIAMI, FL 33143

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN S. BOHATCH at (305) 666-1040

(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  
TENDER CARE MEDICAL, LLC
2. The Articles of Organization were filed on 08/16/2012 and assigned  
document number L12000105557
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).  
THE CONSENT OF ALL OF THE MEMBERS.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
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:

Signature

Printed Name

*Valdes*

JACQUELINE VALDES

**FILING FEE: \$25.00**

FILED  
14 FEB 24 2014  
JAN 25