

8/5/2021

Lara, Michelle (561) 671-2526

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Division of Corporations

L1200013953

## Florida Department of State

Division of Corporations

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### LLC DISSOLUTION OR WITHDRAWAL HOME CARE ASSISTANCE OF PALM BEACH COUNTY, LLC

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**ARTICLES OF DISSOLUTION  
FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

**HOME CARE ASSISTANCE OF PALM BEACH COUNTY, LLC**

*Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State.*

1. The name of the limited liability company is HOME CARE ASSISTANCE OF PALM BEACH COUNTY, LLC (the "Company").

2. The Articles of Organization were filed with the Florida Department of State on September 5, 2012 and assigned Document Number L12000113953.

3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by Written Consent of the Members of the Company, dated as of August 5, 2021.

4. All debts, obligations and liabilities of the Company have been paid or discharged.

5. All property and assets of the Company have been distributed to members of the Company.

6. There are no suits pending against the Company in any court.

**IN WITNESS WHEREOF**, the undersigned hereby executes these Articles of Dissolution as of the 5<sup>th</sup> day of August, 2021.

HOME CARE ASSISTANCE OF  
PALM BEACH COUNTY, LLC

By: Bethann Brown  
Name: Bethann Brown  
Title: Member

**NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION**

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

**Name of Company:** HOME CARE ASSISTANCE OF PALM BEACH COUNTY, LLC

**Document Number of Limited Liability Company:** L12000113953.

**Date of Dissolution:** The date the Articles of Dissolution are filed with the Department of State.

**Description of Information that must be included in a written claim:** The information to be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

**Mailing address where claims can be sent:** A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the Company at: Home Care Assistance of Palm Beach County, LLC, 4218 Northlake Boulevard, Palm Beach Gardens, Florida 33410.

A claim against Home Care Assistance of Palm Beach County, LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

HOME CARE ASSISTANCE OF  
PALM BEACH COUNTY, LLC

By: Bethann Brown

Name: Bethann Brown

Title: Member