

L12000116973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014-11-08  
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8/15

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tipel Assisted Living Facility 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:

ESTHER MARTINEAU

(Name of Person)

Tipel Assisted Living Facility LLC

(Firm/Company)

8798 NW 6TH STREET

(Address)

CORAL SPRINGS, FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

ESTHER MARTINEAU

(Name of Person)

954

at ( )

234-4079

(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  
Tipel Assisted Living Facility LLC
2. The Articles of Organization were filed on 09/12/2012 and assigned  
document number L12000116973
3. The delayed effective date the dissolution if not effective on the date of filing: 08/15/2014  
(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).  
Company is going out of business due to being filed under the incorrect classification  
with the State of Florida. Company was filed as a For-Profit entity and should have  
been filed as a Non-Profit entity instead.
5. If there are no members, enter the name and address of the person appointed to wind up the company's  
activities and affairs: Esther Martineau  
8798 NW 6th Street  
Coral Springs, FL 33071
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

Esther Martineau  
Printed Name

**FILING FEE: \$25.00**

14 AUG 15 11:30:02  
FILED  
CLERK OF COURT  
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