

L12 000 125510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILED
14 MAY 16 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Primary Care In Your Home, 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:

Deann Butters

(Name of Person)

Primary Care In Your Hoome, LLC

(Firm/Company)

2718 Turnball Estates Drive

(Address)

New Smryna, Florida 32168

(City/State and Zip Code)

For further information concerning this matter, please call:

Deann Butters

(Name of Person)

at (386 456-9994)
(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
PRIMARY CARE IN YOUR HOME, LLC**

Pursuant to Florida Statutes, this Florida Limited Liability Company submits the following Articles of Dissolution:

1. The name of the limited liability company is Primary Care In Your Home, LLC.
2. The Articles of Organization for Primary Care In Your Home, LLC were filed on October 1, 2012 under document number L12000125510.
3. The dissolution is to be effective upon filing with the Florida Department of State.
4. The dissolution was approved by consent of all members, pursuant to section 605.0707(2), Florida Statutes.


Deann Butters, Managing Member

Dated: _____

5/1/14

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NOTICE OF LIMITED LIABILITY COMPANY DISSOLUTION

Primary Care In Your Home, LLC, whose document number is L12000125510, was dissolved by filing on ^{May} April 16, 2014. Any claims against Primary Care In Your Home, LLC, must be submitted, in writing, with a detailed description of the basis of the claim and the estimated amount of the alleged claim, and must be sent to the address listed below:

Deann Butters
2718 Turnball Estates Drive
New Smyrna, Florida 32168

A claim against Primary Care In Your Home, LLC will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.


Deann Butters, Managing Member

Dated: 5/1/14