

L17000022136

(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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03/13/14--01010--016 **25.00

SECTION 6, STATE
TALLAHASSEE, FLORIDA
14 MAR 13 PM 1:29

J. Silvers MAR 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congregate Care Management, 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:

Malcolm Hammann
(Name of Person)

Congregate Care Management
(Firm/Company)

1971 W Lumsden, Apt 319
(Address)

Brandon, FL 33511
(City/State and Zip Code)

For further information concerning this matter, please call:

Malcolm Hammann at 813, 986-7900
(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

Congregate Care Management, LLC

2. The Articles of Organization were filed on 02/11/13 and assigned
document number L13000022136

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).

NO Income

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

Malcolm Harriman
1971 W. Lumsden
Unit 319
Brandon, FL 33511

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

[Signature]

Printed Name

Malcolm Harriman

FILING FEE: \$25.00

FILED
MAR 13 PM 1:29
TALLAHASSEE, FLORIDA