

L17000022899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

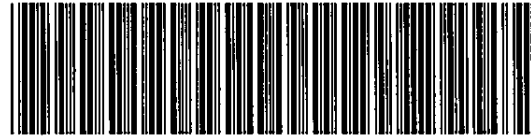
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/13/14--01015--012 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
14 MAR 13 AM 10:34
J. Shivers MAR 14 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Congregate Care United 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 Harriman
(Name of Person)

Congregate Care United LLC
(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 Harriman 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 United, LLC

2. The Articles of Organization were filed on 2/11/13 and assigned
document number L13000022899

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).

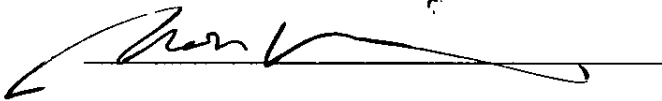
No Income

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



Printed Name

Malcolm Harriman

FILING FEE: \$25.00

607713 AM 10-94
CLERK OF COURT
STATE OF FLORIDA