

L130000051275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

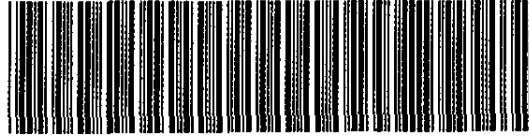
(Business Entity Name)

(Document Number)

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2014 JAN 24 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whispering Palms 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:

Leslie S Johnson
(Name of Person)
Whispering Palms Asst Living Facility
~~My home~~
(Firm/Company)
660 Sloganeer Trail
(Address)
Palm Coast FL 32164
(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Johnson at 386 313-6567
(Name of Person) (Area Code & Daytime Telephone Number)
386 503-1290

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2014

LESLIE S JOHNSON
66 SLOGANEER TRAIL
PALM COAST, FL 32164

SUBJECT: WHISPERING PALMS ASSISTED LIVING FACILITY, LLC
Ref. Number: L13000051275

We have received your document for WHISPERING PALMS ASSISTED LIVING FACILITY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 914A00000944

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

1. The name of a limited liability company is

Whispering Palms Assisted Living Facility LLC

2. The Articles of Organization were filed on 4-8-2013 and assigned
document number L1300651275

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).

Never open up or got started

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

Leslie Johnson

Cape Sloganeer Trail

Palm Coast FL 32169

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

Leslie Johnson

Printed Name

Leslie Johnson

FILING FEE: \$25.00

FILED
2014 JAN 24 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA