

L13000 084 263

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF COURT  
FALL HARBOR, FLORIDA

JUL 20 2019

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BRILLIANT HomeCare, 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:

TERRI Stillman  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5850 CAMINO DEL SOL #307  
(Address)

BOCA RATON FL 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

TERRI Stillman at ( 561 ) 866-0149  
(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 E. Florida Street, Tallahassee, FL 32314

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

1. The name of a limited liability company is

BRILLIANT HOME CARE, LLC

2. The Articles of Organization were filed on 6/11/2013 and assigned

document number L13000084263

3. The delayed effective date the dissolution if not effective on the date of filing: 7/31/2019  
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

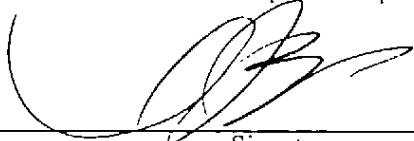
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter)

HEALTH ISSUES w. HR OWNER

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

TERRI STILLMAN  
5850 CAMINO DEL SOL  
APT 307  
BOCA RATON, FL 33433

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

TERRI STILLMAN

Printed Name

19 JUL 19 PM 2:12  
STATE OF FLORIDA  
DEPARTMENT OF STATE

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