

L 13 000084624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

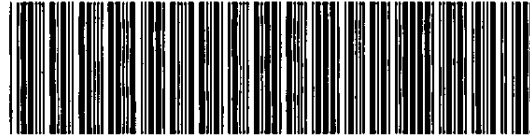
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1 FEB 20 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Whole Care Nursing, 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:

Shayla Badgett
(Name of Person)

Whole Care Nursing
(Firm/Company)

11035 Windsor Place Cir.
(Address)

Tampa, FL 33626
(City/State and Zip Code)

For further information concerning this matter, please call:

Shayla Badgett at (407) 443-2052
(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

Whole Care Nursing, LLC

2. The Articles of Organization were filed on June 12, 2013 and assigned
document number L13000084624

3. The delayed effective date the dissolution if not effective on the date of filing: Dec. 31, 2013

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).

I decided not to pursue a home care
business.

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

Shayla Badgett
11035 Windsor Place Cir
Tampa, FL 33626

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TALLAHASSEE, FLORIDA

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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

S. Badgett

Shayla Badgett

FILING FEE: \$25.00