

L13000090917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

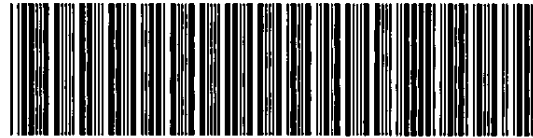
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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01/29/14--01007--021 **25.00

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14 JAN 29 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch FEB 23 2014

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Senter Care 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:

Charlotte Gutierrez.
(Name of Person)

Senter Care.
(Firm/Company)

6249 South Bend SA.
(Address)

Orlando, FL. 32807.
(City/State and Zip Code)

For further information concerning this matter, please call:

Charlotte Gutierrez at (407.) 731-4576
(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

SENTRA CARE LLC.

2. The Articles of Organization were filed on 1/20/14. and assigned
document number L13000090917

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).

RELOCATING OUT OF STATE. / NOT ENOUGH.
CLIENT BASE.

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

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

Charlotte Gutierrez Charlotte Gutierrez

FILING FEE: \$25.00

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JAN 29 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA