

L13000141632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

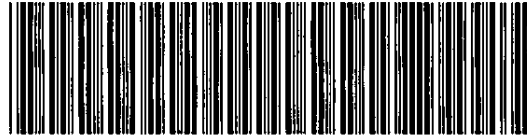
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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11/20/13--010167-002 **25.00

CLERK OF THE
COURT
TALLAHASSEE, FLORIDA

2013 NOV 20 AM 11:03

FILED

NOV 21 2013

D. BELL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Loving Care Living L.L.C.
(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:

Fabio Campanaro
(Name of Person)
Loving Care Living
(Firm/Company)
1205 NW 9 Ave
(Address)
Gainesville FL 32608
(City/State and Zip Code)

For further information concerning this matter, please call:

Melanie at 619, 851-5081
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

p \$25.00 Filing Fee

p \$30.00 Filing Fee &
Certificate of Status

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

p \$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

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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

1. The name of a limited liability company is

LOVING CARE LIVING L.L.C.

2. The Articles of Organization were filed on 10/8/13 and assigned document number

L1300041632

3. The date the dissolution was approved: 11/12/13

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

LLC WAS MISTAKENLY FILED AS NEW INSTEAD OF
REINSTATING ORIGINAL LLC BY SAME NAME LOVING CARE
LIVING LLC DOCUM # L10000105718
THIS DISSOLUTION SHALL NEVER BE REVOKED.

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature

[Signature]

Printed Name

100% FABIO CAMPANARO

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CLERK OF STATE
TALLAHASSEE FLORIDA