

L13000 142 529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

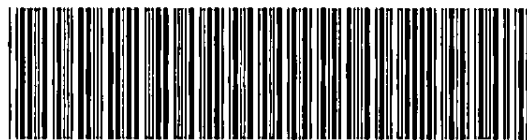
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/08/19-11114-000-000000

2019-08-08 PM 3:42

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Any Diss
w/notice

AUG 13 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Saracare 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:

Leah Moyer

(Name of Person)

A1C Holdings LLC

(Firm/Company)

7261 Sheridan St STE 220

(Address)

Hollywood FL 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Leah Moyer

(Name of Person)

at (**484**) **308-4416**

(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

Saracare LLC

2. The Articles of Organization were filed on 10/08/2013 and assigned

document number L13000142529

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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).

the business is no longer viable economically

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

James Letko

Printed Name

FILING FEE: \$25.00

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Saracare LLC

Document number of Limited Liability Company is: L13000142529

Date of dissolution was: _____

Description of information that must be included in a written claim:

name, address, reason for claim

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

A1C Holdings LLC
7261 Sheridan St STE 220
Hollywood FL 33024

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

James Letko
Printed Name of the Person Filing


Signature of the Person Filing