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(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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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Saracare LLC

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Leah Moyer

Contact Person

AIC Holdings

Firm/Company

7261 Sheridan St STE 220

Address

Hollywood FL 33024

City, State and Zip Code

finance@ghem.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leah Moyer at (484) 380-4416

Name of Contact Person Area Code Daytime Telephone Number

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2019

LEAH MOYER
A1C HOLDINGS
7261 SHERIDAN ST - STE. 220
HOLLYWOOD, FL 33024

SUBJECT: SARACARE LLC
Ref. Number: L13000142529

We have received your document for SARACARE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$100.00.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00020635



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 21, 2019

LEAH MOYER
74261 SHERIDAN ST #220
HOLLYWOOD, FL 33024

SUBJECT: SARACARE LLC
Ref. Number: L13000142529

We have received your document for SARACARE LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.


Terri J Schroeder
Regulatory Specialist III

Letter Number: 619A00019584

STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: Saracare LLC
2. The document number of the company is L13000142529
3. The effective date the Dissolution was filed is 8/8/19
4. The revocation of dissolution was authorized on 8/8/19
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

**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 1.13000142529
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