

L140000 25870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

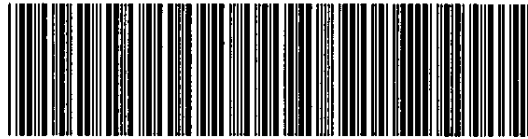
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
JANET HENNINGSEN, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: River Bend 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:

Hanna Soliman
(Name of Person)

River Bend Care LLC
(Firm/Company)

738 Tanana Fall Dr.
(Address)

Ruskin, FL 33570
(City/State and Zip Code)

For further information concerning this matter, please call:

Hanna Soliman at (813) 380-9587
(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
River Bend Care

2. The Articles of Organization were filed on 2/14/2014 and assigned
document number L14000025870

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)

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).
Never used and is not needed for purpose intended

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Hanna Soliman
1233 Acappella Lane
Apollo Beach, FL 33570

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:

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15 FEB 12 PM 1:44
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF HILLSBORO


Signature

Hanna Soliman
Printed Name

FILING FEE: \$25.00