

L14000031800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

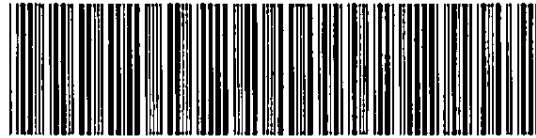
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
18 JAN 10 AM 7:14  
TALLAHASSEE, FLORIDA

J. LEGGETT  
JAN 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XCEL DINING SERVICES 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:

ANTHONY J. SCIOLE CPA  
(Name of Person)

RELIANT SENIOR CARE  
(Firm/Company)

P.O. Box 957  
(Address)

BROOMALL PA 19008  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANTHONY J. SCIOLE CPA at ( 610 ) 389-1452  
(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

XCEL DINING SERVICES, LLC

2. The Articles of Organization were filed on 02/24/2014 and assigned

document number L14000031800

3. The delayed effective date the dissolution if not effective on the date of filing: 12/31/2017  
(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.

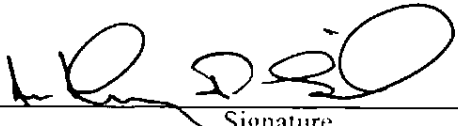
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

OUT OF BUSINESS

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

ANTHONY J. SCIOLE  
RELIANT SENIOR CARE  
P.O. Box 957  
BROOMALL, PA 19008

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

Anthony J. Sciole  
Printed Name

**FILING FEE: \$25.00**

FILED

18 JAN 10 AM 7:14  
JAN 10 2018  
JAN 10 2018

## 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: XCEL DINING SERVICES, LLC

Document number of Limited Liability Company is: L14 0000 31800

Date of dissolution was: 12/31/2017

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

ORIGINAL INVOICES

SIGNED SHIPPING DOCUMENTS

SIGNED RECEIVING DOCUMENTS

SIGNED CONTRACT

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

XCEL COMPANIES

C/O REHANT SENIOR CARE

P.O. Box 957

BROOMALL, PA 19008

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TALLAHASSEE, FLORIDA

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.

Anthony J. Sciale

Printed Name of the Person Filing

[Signature]

Signature of the Person Filing