

L14000031805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

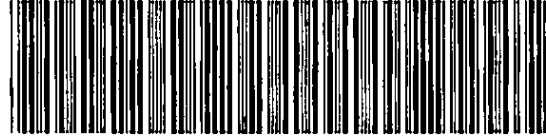
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 10 AM 10:52

K. SALY  
JAN 11 2018

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: XCEL HOLDINGS, 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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
18 JAN 10 AM 10:58

1. The name of a limited liability company is

XCBL HOLDINGS, LLC

2. The Articles of Organization were filed on 02 | 23 | 2014 and assigned

document number L14000031805

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

## 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 HOLDINGS, LLC

Document number of Limited Liability Company is: L 14 0000 31805

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 RELIANT SENIOR CARE  
P.O. Box 957  
Broomall, PA 19008

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DIVISION OF CORPORATIONS  
18 JAN 10 AM 10:53

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. Sciole  
Printed Name of the Person Filing

[Signature]  
Signature of the Person Filing