

L4000067517

(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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Office Use Only



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15 JAN 15 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 27 2015

S. YOUNG

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Age Safe at Home, 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:

Adam L. Mullikin, OT/L

(Name of Person)

Age Safe at Home, LLC

(Firm/Company)

14986 Cromwell Drive

(Address)

Clearwater, FL 33764

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam L. Mullikin

727

542-2592

at (

(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

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15 JAN 15 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is **Age Safe at Home, LLC**
- 
2. The Articles of Organization were filed on **4/25/2014** and assigned document number **L140000067517**
3. The delayed effective date the dissolution if not effective on the date of filing: **1/19/15**  
(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).  
**Consent of all members: Adam L. Mullikin, Sole Member**
- 
- 
- 
- 
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: **Adam L. Mullikin**  
**14986 Cromwell Drive**  
**Clearwater, FL 33764**
- 
- 
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

**Adam L. Mullikin**

Printed Name \_\_\_\_\_

**FILING FEE: \$25.00**

FILED  
15 JAN 15 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: Age Safe at Home, LLC

Document number of Limited Liability Company is: L140000067517

Date of dissolution was: 12/31/2014

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

All claims against the assets of the Age Safe at Home, LLC

must be made in writing and include the claim amount, basis and origination date.

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

Adam Mullikin

14986 Cromwell Drive

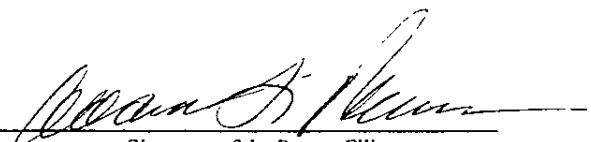
Clearwater, FL 33764

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SECRETARY OF STATE  
ALABAMA, 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.

Adam L. Mullikin

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00**