1140000 MM

(Po	questor's Name)	
(Ne	questors marrie)	
(44	Idress)	
(Au	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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€OVER LETTER · • •

Div	Division of Corporations							
SUBJECT:	Heart in Hands Home Care, LLC							
00202011		d Liability Compan	y)					
The enclosed Articles of Dissolution and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
	Bradley S. McGarvey							
(Name of Person)								
	(Firm/Company)							
3096 Harper's Ferry Dr.								
	(Address)							
Tallahassee, FL 32308								
	(City/State and Zip Code)							
For further information concerning this matter, please call:								
В	radley S. McGarvey	334 at (_、 685-2916					
	(Name of Person)	(Area Coo	de & 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:

TO:

Registration Section

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 liabil Heart in Hands Home				.				
2.	The Articles of Organization	n were filed on N	May 23, 2014	and assigned					
	document number L14000	084040							
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 605.0707, Florida Statutes, (that resulted in the copy 605.0707 or	he limited liability comp n back cover letter).	pany's dissolution pursuant	to section				
	Pursing a company buy	out option							
5.	If there are no members, entactivities and affairs:	ter the name and a		pointed to wind up the com	pany's				
		3096 Harper's Ferry Dr.							
		Tallahassee,	FL 32308	Ž	<u>5</u>				
		334-685-291	6						
6. lis	Signature of an authorized p ted above to wind up the cor	person or if there appany's activities	are no members, the sig and affairs:	nature of the person appoin	ted and				
	Signature		Bradley S. M	McGarvey ラブ					
	Signature	/		Timod I willo					

FILING FEE: \$25.00