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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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2016 APR -4 PH 2: 01

K.SALY EXAMINER APR - 5

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: RESTO HART PT HOME CAKE UC (Name of Limited Liability Company)			
(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:			
Name of Person)			
RESTO HART PT HOME CARE LLC (Firm/Company)			
4960, 5. SABAL PALM BLVD, ADT 410 (Address)			
TAMARAL, FL 33319 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
VONZEL HARTLEY at (954) 670-3554 (Name of Person) (Area Code & Daytime Telephone Number)			
(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 STREET/COURIER ADDRESS: Registration Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ARTICLES OF DISSOLUTION FOR
A LIMITED LIABILITY COMPANY
ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY 2016 APR-1 PM 2:01 RESTO HART PT HORECARE LLC PALLAGINATION AND PM 2:01
2. The Articles of Organization were filed on 7/10/2014 and assigned
document number 4 14 000 109 680
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) 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).
NO OCCURRENCE EXTSY.
COMPANY'S EXISTENCE NOT NECESSARY
ANYMORE,
5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: Vonzel Harrey
4960 B. SABAL PALM BLVD, APT 410
MARAC, PL 33319
954-670-3554
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:
Wowzel HARTET Signature Printed Name
Signature Printed Name

FILING FEE: \$25.00