14000156815

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		·		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	FL HOUSECALLS	s uc	
	(Name of Limited	Liability Company)	
	es of Dissolution and fee(s) are submitted respondence concerning this matter to the	·	
_	PETER A. JOHNS	No	
	(Name o	of Person)	
	(Firm/C	Company)	
<u>1</u>	10318 FLAT STONE	600P	
	(Ad	dress)	
	BONITA SPRINGS (City/State of	, I=L 34135	
	(City/State a	and Zip Code)	
For further informat	ion concerning this matter, please call:		
JEAN	MARIE JOHNSON (Name of Person)	at (518) 327 - 5562 (Area Code & Daytime Telephone Number)	
Enclosed is a check fo	or the following amount:		
□ \$25.00 Filin	g Fee and Certificate of Dissolution	□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	IAILING ADDRESS: egistration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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 FL HOUSECALLS LLC
2.	The Articles of Organization were filed on October 6, 2014 and assigned
	document number <u>L14000155815</u> (copy attached)
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). Did not pursua business activity.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: IEAN. MARIE JOITNSON 10318 FLAT STONE LOOP
	BONITA SPRINGS, FL 34135
6. lis	Signature of an authorized person or if there are no members, the signature of the person appointed and sted above to wind up the company's activities and affairs:
< 	Signature JEAN-MARIE JOHNSON 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: FL HOUSECALLS LLC		
Document number of Limited Liability Company is: L1400015581	5	
Date of dissolution was:		
Description of information that must be included in a written claim:		
	ر ان دری	
	15 38	
	3 10	
	THE TO	
	A ()	
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corpo	rations)	
10318 FLAT STONE LOOP		
BUNITA SPRINGS, FL 34135		
A state as forekeles above as a state of the first of the	l'	41
A claim against the above named limited liability company will be barred unless a proceed claim is commenced within 4 years after the filing of this notice.	ing to ento	orce the

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

Printed Name of the Person Filing

Signature of the Person Filing