

L15000 000 0591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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AND
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2019 JAN 19 PM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L.G.
02/22/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aker Kasten Home Health Services 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:

Dr. John B. Aker

(Name of Person)

Aker Kasten Home Health Care Agency

(Firm/Company)

1580 NW 2nd Ave, Suite 10

(Address)

Boca Raton, FL 3 33432

(City/State and Zip Code)

For further information concerning this matter, please call:

Matthew McDaniel

(Name of Person)

at (561) 955-6010

(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**

1. The name of a limited liability company is
Aker Kasten Home Health Services, LLC
2. The Articles of Organization were filed on 2015 January 01 and assigned
document number 115000000591
3. The delayed effective date the dissolution if not effective on the date of filing: 2018 November 01
(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).
The service this entity was designed to provide was no longer necessary.

5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: Matthew McDaniel
1580 NW 2nd Ave, Suite 10
Boca Raton, FL 33432
561-955-6010
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:

 C.F.O.

Signature

Matthew W. McDaniel

Printed Name

FILING FEE: \$25.00

APPROVED
AND
FILED

2019 JAN 19 PM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA