# XXX 57551

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			
		,		
		1127		
		1 <u>L</u>		

Office Use Only



400315286944

07/05/18--01015--01S \*\*25.00

M. MILLIGAN AUG 0 6 2018



July 12, 2018

DAVID WISEHAUPT 2075 SE SAINT LUCIE BLVD STUART, FL 34996

SUBJECT: ELDER CARE ADVOCACY, LLC

Ref. Number: L15000057551

We have received your document for ELDER CARE ADVOCACY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please write address on #5 of application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 418A00014365

Dionne M Scott Regulatory Specialist II

### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: Elder Care Advocacy LC (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:				
David Wischaupt (Name of Person)				
(Name of Person)				
(Firm/Company)				
2075 SE Saint Lucie Blud				
(Address)				
Strart FL 34996  (City/State and Zin Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Cavid Wisehaupt at (561) 358-0444  (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  \$\sigma\$ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)				
Connect copy (machining 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

	FILING FEE: \$25.00			
l	Signature Printed Name			
	Signature DAVID E. WISEHI	14PT		
lis	sted above to wind up the company's activities and affairs:	Jinea mia		
6	Signature of an authorized person or if there are no members, the signature of the person app	ointed and		
	STUART, FL 34996	- 5136		
	2075 SE ST. Lucie BL			
٥.	If there are no members, enter the name and address of the person appointed to wind up the cactivities and affairs:  David Wisehaupt			
£				
	CORPORATION NEVER BEGAN BUSINESS OPEN	CATION.		
4.	A description of occurrence that resulted in the limited liability company's dissolution pursua 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).			
	listed as the document's effective date on the Department of State's records.			
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 receive  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this			
2				
	document number L_15000057551			
2.	The Articles of Organization were filed on 4-1-2015 and assigned	2018 JUL 21		
	Elder Care Advocacy ILC	<u> </u>		
I.	. The name of a limited liability company is			

HA JUL 27 PH 2:

MI JUL 27 PH 2:1