

Apr. 7. 2017 10:55 AM  
Division of Corporations

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# L15000172695

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383.

From: Account Name : REZLEGAL, LLC  
Account Number : I20140000033  
Phone : (904) 567-1177  
Fax Number : (904) 567-1166

**LLC DISSOLUTION OR WITHDRAWAL  
CONCIERGE HOME CARE OF GAINESVILLE LLC**

Certificate of Status	0
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RezLegal, LLC

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ARTICLES OF DISSOLUTION  
FOR  
CONCIERGE HOME CARE OF GAINESVILLE LLC

1. The name of the limited liability company as currently filed with the Florida Department of State is Concierge Home Care of Gainesville LLC (the "Company").
2. The Articles of Organization were filed on October 9, 2015 and amended on June 8, 2016 and assigned document number L15000172695.
3. Dissolution of the Company was unanimously approved as of March 22, 2017 by the consent of the Managers and Members of the Company. The number of votes cast for dissolution was sufficient for approval. Dissolution of the Company shall be effective immediately.
4. All debts, liabilities and obligations of the Company have been paid or discharged.
5. All remaining property and assets have been distributed to the Members in accordance with its respective rights and interests.
6. There are no suits pending against the Company in any court.

The undersigned, being a Manager of the Company, hereby approves the above Articles of Dissolution this 22<sup>nd</sup> day of March, 2017.

  
\_\_\_\_\_  
Nancy G. Ralston, Manager

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**Notice of Limited Liability Company Dissolution**

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, P. S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: Conclerge Home Care of Gainesville LLC

Document Number of Limited Liability Company is: L15000172695

Date of Dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of claim.

Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (claims cannot be sent to the Division of Corporations)

Nancy G. Ralston  
6817 Southpoint Parkway, Suite 1503  
Jacksonville, Florida 32216

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

  
Nancy G. Ralston, Manager

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