

L15000174912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

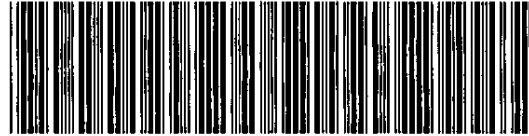
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 AUG 29 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 29 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Oceans Home Care, LLC
Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

William Roberson

Contact Person

Oceans Home Care, LLC

Firm/Company

Fl Group Villa

Address

Port Orange FL 32128

City, State and Zip Code

roberson4@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Roberson

Name of Contact Person

at (

Area Code

(386)

Daytime Telephone Number

631-4954
254-0505

STREET ADDRESS:

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

MAILING ADDRESS:

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

2016 AUG 29 PM 1:20
TALLAHASSEE, FLORIDA

JH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2016

WILLIAM ROBERSON
71 GOLF VILLA
PORT ORANGE, FL 32128

SUBJECT: OCEANS HOME CARE, LLC
Ref. Number: L15000174912

We have received your document for OCEANS HOME CARE, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed annual report or reinstatement application and fee(s) must be submitted before the Revocation of Articles of Dissolution can be processed. Please complete and return the enclosed annual report or reinstatement application and the appropriate fee(s) to the PERSONAL AND CONFIDENTIAL ATTENTION of the undersigned.

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.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00014864

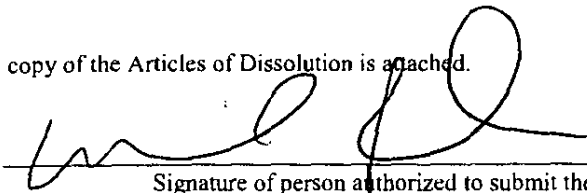
15 AUG 29 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PM 3:29

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

1. The name of the company is: OCEANS HOME CARE, LLC
2. The document number of the company is L15000174912
3. The effective date the Dissolution was filed is 5/6/16
4. The revocation of dissolution was authorized on 7/8/16
5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

CR2E132 (10/15)

FILED
16 AUG 29 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
May 06, 2016
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

OCEANS HOME CARE, LLC

The document number of the limited liability company: L15000174912

The file date of the articles of organization: October 14, 2015

The effective date of the dissolution if not effective on the date of filing: May 6, 2016

A description of occurrence that resulted in the limited liability company's dissolution:

NOT DOING ANY BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

WILLIAM ROBERSON
71 GOLF VILLA DR
PORT ORANGE, FL 32128 US

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: WILLIAM ROBERSON

Electronic Signature of authorized person

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TALLAHASSEE, FLORIDA