

L16 000 212 390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAY 10 PM 6:22

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MAY 13 2019

ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Helping Hands Care Assistance, 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:

Iraida Hernandez
(Name of Person)

Helping Hands Care Assistance, LLC
(Firm/Company)

5870 SW 17 st
(Address)

Miami FL 33155
(City/State and Zip Code)

For further information concerning this matter, please call:

Iraida Hernández at (305) 710 4507
(Name of Person) (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

RECEIVED
MAY 10 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2019

IRAIDA HERNANDEZ
5870 SW 17 ST
MIAMI, FL 33155

SUBJECT: HELPING HANDS CARE ASSISTANCE, LLC
Ref. Number: L16000212390

We have received your document for HELPING HANDS CARE ASSISTANCE, 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):

The form you submitted is for a Foreign Limited Liability Company, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 319A00008152

RECEIVED

MAY 10 2019

ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is

Helping Hands Care Assistance, LLC

2. The Articles of Organization were filed on _____ and assigned

document number L16000212390

3. The delayed effective date the dissolution if not effective on the date of filing: 05/06/2019
(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).

I'm Closing The Company because it
was never in service

5. If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs:

no

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:

Iraida Haez
Signature

Iraida Hernández
Printed Name

FILING FEE: \$25.00

2019 MAY 10 PM 6:22
FILED