116000212390

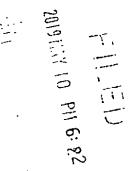
(Red	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates o	of Status
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ALA 1155

MAY 13 2019 I ALBRITTON

COVER LETTER

SUBJECT: Helping Hands Care Assistance/LC (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:
Isaida Hernandez (Name of Person)
Helping Hunds Care Assistance, LLC
Mice Wi FL 33155 (City/State and Zip Code)
For further information concerning this matter, please call:
Traida Hernández at (305, 7/0 4507 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$\int \sum \text{\$25.00 Filing Fee and Certificate of Dissolution} \qquad \text{\$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)}

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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



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 1 0 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 <u>116000212390</u>
3. The delayed effective date the dissolution if not effective on the date of filing: 05/06/20/9 (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.
 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
vas 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:
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:
Traida Hernández
Signature Printed Name

FILING FEE: \$25.00