

L17000113536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

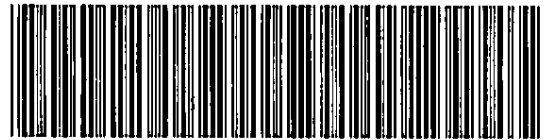
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400327197894

04/08/19--01019--019 **100.00

APR 13 2019
S. YOUNG

FILED
19 APR -8 PM 5:14
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A Touch Of Comfort Home Health Care

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:

Johanna Grant

Contact Person

A Touch of Comfort Home Health Care

Firm/Company

77021 Birdseye Court

Address

Yulee , FL 32097

City, State and Zip Code

Johanna2414@yahoo.com

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

For further information concerning this matter, please call:

Johanna Grant

at (904)

234-2328

Name of Contact Person

Area Code

Daytime Telephone Number

STREET ADDRESS:

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

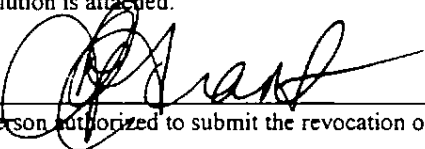
MAILING ADDRESS:

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

**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: A Touch of Comfort Home Health Care
2. The document number of the company is L17000113536
3. The effective date the Dissolution was filed is 12/12/18
4. The revocation of dissolution was authorized on 1/23/19
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
19 APR -8 PM 5:14
TALLAHASSEE, FLORIDA

FILED
Dec 12, 2018
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:

A TOUCH OF COMFORT HOME HEALTH CARE LLC

The document number of the limited liability company: L17000113536

The file date of the articles of organization: May 23, 2017

The effective date of the dissolution if not effective on the date of filing: December 12, 2018

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

COMPANY NOT IN USE AT THIS TIME.

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

JOHANNA L GRANT
5260 COLLINS ROAD UNIT 308
JACKSONVILLE, FL 32244 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: JOHANNA GRANT

Electronic Signature of authorized person