# 117000 142117

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(essential remain)
Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer:

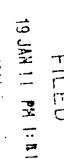
Office Use Only



500322184275

01/11/19--01001--006 \*\*25.00

S TALLENT



11)55

### **COVER LETTER**

TO: Registration Section Division of Corporations

RIFCE, ISLAND CARE, 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:

FRANCIS WALSH

(Name of Person)

ISLAND CARE, LLC

(Firm/Company)

1515 PINELLAS BAYWAY S

(Address)

TIERRA VERDE FL 33715

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANCIS WALSH

.727

289-6525

(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

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liabi	lity company is					
2.	The Articles of Organization	on were filed on JUNI	E 30, 2017	and assigned			
	document number 1.170001	42117	<del></del>				
3.	The delayed effective date (effective Note: If the date inserted in listed as the document's effective date.	date cannot be prior to o this block does not mee	r more than 90 days later that the applicable statutory	nan date document is receiv			
4.	A description of occurrence 605.0707, Florida Statutes,	that resulted in the l (copy 605.0707 on ba	imited liability compa	any's dissolution pursu	iant to	section	
	RELOCATING TO ANOTHE		,		17.	5	
		_			3.11.2	<u> </u>	
	·					- F	
					13.7 25.1	<del></del>	
5.	If there are no members, en activities and affairs:	ter the name and add FRANCIS WALSH	ress of the person app	ointed to wind up the	compar	ny's	
		CYNTHIA WALSH					
						<del></del>	
6. lis	Signature of an authorized ted above to wind up the col	person or if there are mpany's activities and	no members, the signa d affairs:	ature of the person app	——— юinted	and	
,	Duals	4	FRANCIS WALS	SH			
Signature			Printed Name				

FILING FEE: \$25.00