# 47000166214

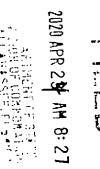
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
2110 W. Vongest Pensula Plazos		
1086		

Office Use Only



700342754567

04/07/20--01006--003 \*\*25.00



APR 2 8 2020 S. YOUNG



2020 / 77 21 / 7: 5.3

### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 7, 2020

SONSHINE CAREGIVERS / NURSE PROS, LLC 2110 W YOUGE STREET PENSACOLA, FL 32505

SUBJECT: SONSHINE CAREGIVERS / NURSE PROS, LLC

Ref. Number: L17000166214

We have received your document for SONSHINE CAREGIVERS / NURSE PROS, 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):

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

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.

Letter Number: 220A00007419

Shelia H Young Regulatory Specialist II

www.sunbiz.org

# **COVER LETTER**

• /

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Sonshine Caregu	Jers/Nurse Pros
(Name of Limite	ed Liab#ity Company)
The enclosed Articles of Dissolution and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to	the following:
Stac	e of Person)
<u>Sonshine</u>	Careguers/Nurse Pros
2110 W.	Longe St
(City/Stat	Parsacola, Fl32505
For further information concerning this matter, please call:	
(Name of Person)	71 at ( <u>850)</u> <u>346.0352</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Z \$25.00 Filing Fee and Certificate of Dissolution I've already paid	☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability company is
	Sonshine Caregivers/ Nurse Pros
2.	The Articles of Organization were filed on 08/03/2011 and assigned document number 17000/662/44 W 190000 7/4/2019 Why I have
	190000 11 034)
3.	The delayed effective date the dissolution if not effective on the date of filing: \(\cup \cup \left(\frac{19}{2}, \frac{2520}{2520}\)  teffective 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).
U	1 & I haved a muse registry consultant for 5K, she
5.	promised me I would be aligible top btain a medicald for said company in Arien I where I serve elderly.  BUT the state doesn't allow nurse registries to obtain a medical # in a rea 1. (2) I could not find enough there are no members, enter the name and address of the person appointed to wind up the company's
	activities and affairs: Staci Miron
	gog w. Lloyd St.
	Rensucola P1 32501
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature STACI MICON Printed Name 5, 8
	Signature Printed Name Printed Name FILING FEE: \$25.00

## Notice of Limited Liability Company Dissolution

### **NOTE:** This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a

voluntary dissolution. Name of Limited Liability Company: Sonshine Cavagivets Nurse Pros

Document number of Limited Liability Company is: L 17000166214 + w 190000 11034

Date of dissolution was: Mar 19 2020

Description of information that must be included in a written claim:

A might be a rejected formation that must be included in a written claim: Aurelias not been a claim against Sonshine Caregivers Nurse Pros Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations) <del>09 W. 2110 W. YongeSt</del> Pensacda Fl 32505 A claim against the above named limited liability company will be barred unless a proceeding to enforce the

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

claim is commenced within 4 years after the filing of this notice.

Stacimiron



202011 20 11 1:19

03-02-2020

Dear AHCA,

Effective 03-05-2020, Sonshine Caregivers-Nurse Pros (Lic. # 30211952) will be closing due to erroneous information from Marlene Hunter's consulting services that my Nurse Registry would be able to obtain a Medicaid number in Area 1.

We currently do not have any clients. Thank you for all you do to keep our Floridian seniors safe.

Thank you for this beautiful opportunity, but this company did not pan out for us.

Sincerely,

Staci Miron