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(Requestor's Name) (Address) (Address)	300383620563		
(City/State/Zip/Phone #)	03/17/2201006013 **25.00		
Certified Copies Certificates of Status Special Instructions to Filing Officer: J. HORNE MAR 3 1 2022 Office Use Only	FILED 2022 HAR 17 AH 8: 55 INCLARASSEET FOR IALLARASSEET FOR		

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## **COVER LETTER**

TO: Registration Section Division of Corporations

TA CARING MULTISERVICES LLC

SUBJECT: \_\_\_\_\_

(Name of Limited Liability Company)

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The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELA BASTIDAS

(Name of Person)

TA CARING MULTISERICES LLC

(Firm/Company)

7709 W HANNA AVE

(Address)

TAMPA, FL 33615

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA BASTIDAS	813	909-5323
	at (	)
(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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is TA CARING MULTISERVICES LLC

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	TA CARING MULTISERVICES LLC	: SE	202	
2.	The Articles of Organization were filed on $08212017$ and assigned	CRET	2 HAR	
	1 1200147892	SSE	۲	
	document number <u>LIGUUITTOTT</u>		AM	

- 3. The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be œ 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).

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

activities and affairs:

Angela Bastidas

7709 W Hanna Ave.

Tampa, FL 33615

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:

**FILING FEE: \$25.00**