

L17000222754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status _____

Special Instructions to Filing Officer:

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600312032626

04/20/18--01024--005 **25.00

FILED

18 MAY -3 AM 11:32

SECRETARY OF STATE
1000 BROADWAY
ALBANY, NY 12242

K SALY

MAY -9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HighPoint Home Healthcare Services 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:

Darlene Williams
(Name of Person)

(Firm/Company)

2270 Providence Rd
(Address)

Lakeland/Florida 33805
(City/State and Zip Code)

For further information concerning this matter, please call:

Darlene Williams at (863) 529-6449
(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

FILED
18 MAY -3 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

HighPoint Home Healthcare Services LLC

2. The Articles of Organization were filed on 10/26/17 and assigned

document number L17000222754

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)

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).

NONE - There are no occurrences that resulted
I have decided to take on other career ventures

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

Darlene Williams

2270 Providence Rd

Lakeland FL 33805

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:

Darlene Williams
Signature

Darlene Williams
Printed Name

FILING FEE: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2018

DARLENE WILLIAMS
2270 PROVIDENCE RD.
LAKELAND, FL 33805

SUBJECT: HIGHPOINT HOME HEALTHCARE SERVICES LLC
Ref. Number: L17000222754

We have received your document for HIGHPOINT HOME HEALTHCARE SERVICES 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):

A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707(1)(c), Florida Statutes, must be contained in the document.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 718A00008201

RECEIVED
2018 MAY -3 AM 10:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314