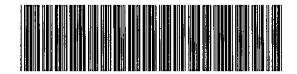
117000254004

(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



200310041512

03/09/18--01018--008 **25.00

FILED

18 MAR -9 PM 2: 11

SECRETARY OF STATE

ALL MASSES FLORIDA

K. SALY MAR 11 2018

COVER LETTER

TO:

Registration Section Division of Corporations

CHRISTIAN RETREAT ASSISTED LIVING FACILITY LLC

SUBJECT

(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:

LOIS WALTERS

(Name of Person)

WOMELDORPH CPAs, P.A.

(Firm/Company)

8632 STATE ROAD 70 EAST

(Address)

BRADENTON, FL 34202

(City/State and Zip Code)

For further information concerning this matter, please call:

LOIS WALTERS

_{...}941

351-3561

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

S25.00 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 MAR -9 PM 2: 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1.	. The name of a limited liability company is CHRISTIAN RETREAT ASSISTED LIVING FACILITY LLC		TALLAHASSEE, I	
	CHRISTIAN RETREAT ASSISTED LIVING FACI	ILITT LLC		
2.	The Articles of Organization were filed on $\frac{12/12}{2}$	2/2017 and	assigned	
	document number L17000254004			
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 605.0707, Florida Statutes, (copy 605.0707 on be	limited liability company's dissolu ack cover letter).	tion pursuant to section	
	THIS LLC WILL NOT BE NEEDED BECAUSE THEY ARE GOING TO START A			
	NON PROFIT 501 (C) 3 ORGANIZATION.			
			<u> </u>	
5.	If there are no members, enter the name and add activities and affairs:	dress of the person appointed to wi	nd up the company's	
6. lis	Signature of an authorized person or if there are sted above to wind up the company's activities an	no members, the signature of the part affairs:	person appointed and	
,	Widin and	WILLIAM CURPHEY Printed Nan		
	Signature	rrinted Nan	IC .	

FILING FEE: \$25.00