118000089865

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
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S TALLENT APR 3 0 2019 2019 APR 25 PH 3: 01 SECRETARY OF STATE TO LLAHASSEE, FL



April 18, 2019

LILIANA VALLEJO RIOS LVR CARE, LLC 4338 ETHAN LANE ORLANDO, FL 32814

SUBJECT: LVR CARE, LLC Ref. Number: L18000089865

We have received your document for LVR CARE, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 419A00007897

CEIVE

SRETA ALLAI

www.sunbiz.org

April 22, 2019 sed by 1320 chast car.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:	R CARE
(Name of Lin	nited Liability Company)
The enclosed Articles of Dissolution and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter t	to the following:
Liliana Va	Mejo Rios Jame of Person)
	VR CARE
	Firm/Company)
4338	Ethan Lane
Orlando	FI 32814 State and Zip Code)
(Citys	state and Zip Code)
For further information concerning this matter, please cal	H:
Liliana V. Rios (Name of Person)	at (407) 920-3717 (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 liab	ility company is LVR CA	ARE, LLL		
2. The Articles of Organizati		/	OIB and assigned	
document number	-18000089	<u>8</u> 65		
	ve date cannot be prior to or mainthing to the thing block does not meet the trial of trial of the trial of the trial of trial of the trial of	iore than 90 days later th he applicable statutory	of filing: O2/14/20 an date document is received for filing) filing requirements, this date will not	-
605.0707. Florida Statutes,	te that resulted in the lim (copy 605.0707 on back	k cover letter).	ny's dissolution pursuant to section	n
P	ractice.	I did no	st officially a	
	ever open	or wo	de under 3	
	my LV	R CARE	Company (%)	
If there are no members, el activities and affairs;	nter the name and addres	ss of the person appo -\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Dinted to wind up the company	
		4333	Ethan (arl	
		Orland	o, Fl	
			32314	
6. Signature of an authorized listed above to wind up the co	person or if there are no ompany's activities and a	o members, the signa affairs:	iture of the person appointed and	
Liliana	V. Rios		iliana V.Rios	
Signature			Printed Name	

FILING FEE: \$25.00