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Certified Copies	Certificates	s of Status
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J. HARRIE

COVER LETTER

TO:

Registration Section Division of Corporations

NORWOOD CARE KEEPERS 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:

William J. Scharlau (Name of Person)		
(Func.)	11 (1.6.7.)	
(Firm/C)	ompany)	
4660 Brentwood Dr.		
) Add	ress)	
Cocoa, FL. 32927		
(City/State a	nd Zip Code)	

For further infor

William Scharlau (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

1.	The name of a limited liability company is		
	NORWOOD CARE KEEPERS LLC		
2.	The Articles of Organization were filed on May 14, 2018 and assigned		
	document number L18000119491		
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.		
1	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).		
	Purchase of entity failed to happen. Seller and buy couldn't resolve agreements.		
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: William Scharlau, 4660 Brentwood D. Cocoa, FL 32927		
	Signature of an authorized person or if there are no members, the signature of the person appointed and ted above to wind up the company's activities and affairs:		
/५	Clien J. Scharle William J. Scharlage Printed Name		

FILING FEE: \$25.00