

L18000 157027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

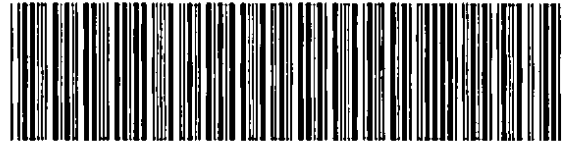
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/21/19--01022--012 **25.00

2019 FEB 21 PM 6:17
CLERK OF STAFF
J. LAHASSEE, FL.

FILED

C. GOLDEN

FEB 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elder Home Care 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:

Nadeen Murphy
(Name of Person)

Elder Home Care LLC L18000457027
(Firm/Company)

4370 NW 29th St Apt 2.
(Address)

Lauderdale Lakes FL 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

Nadeen Murphy at (754) 234-2079
(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

1. The name of a limited liability company is

Elder Home Care LLC

2019 FEB 21 PM 6:17

DEPARTMENT OF STATE
TALLAHASSEE, FL

2. The Articles of Organization were filed on June 21-18 and assigned

document number L18000157027

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).

Out of business

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

None

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:

Nadeen Murphy
Signature

Nadeen Murphy
Printed Name

FILING FEE: \$25.00