

18000234748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

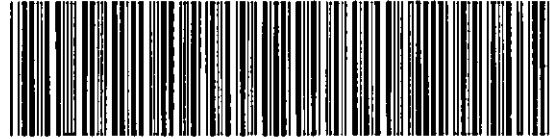
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/15/20--01010--007 *25.00

DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

2020 JAN 15 PM 6:36

FILED

FEB 13 2020
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BENEVOLENCE C.A.R.E 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:

Osbourne Barnes

(Name of Person)

BENEVOLENCE C.A.R.E LLC

(Firm/Company)

3200 N Hiwassee Road

(Address)

Orlando, FL 32818

(City/State and Zip Code)

For further information concerning this matter, please call:

Osbourne Barnes

(Name of Person)

321

689 -3800

at (

(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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
BENEVOLENCE C.A.R.E LLC
2. The Articles of Organization were filed on 10/05/2018 and assigned
document number L18000234748
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).

The business was not actually started, there are no clients, no advertisement, and no revenue .

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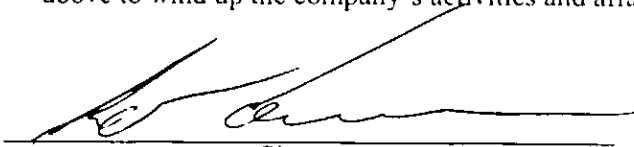
The business was not actually started, there are no clients, no advertisement, and no revenue .

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

Osbourne Barnes

Veneice' Barnes

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:


Signature

Osbourne Barnes

Printed Name

FILING FEE: \$25.00

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED