# 119000031031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

# IN LOVING HANDS GROUP HOMES 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:

# EGLEE FERNANDEZ (Name of Person)

# IN LOVING HANDS GROUP HOMES LI

(Firm/Company)

## 8146 NW 199 TERRACE

(Address)

HIALEAH, FL 33015-6370

(City/State and Zip Code)

For further information concerning this matter, please call:

# EGLEE FERNANDEZ

305

803-3895

(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

I. The name of a limited I IN LOVING HANDS GF	• •	
2. The Articles of Organiz	ation were filed on 01/25/2019	and assigned
document number	00031031	
Note: If the date inserted	ate the dissolution if not effective on the date of etive date cannot be prior to or more than 90 days later the lin this block does not meet the applicable statutory effective date on the Department of State's records.	of filing: 09/01/2019 an date document is received for filing) filing requirements, this date will not be
605.0707, Florida Statu	ence that resulted in the limited liability compaes, (copy 605,0707 on back cover letter).  DUCTED, NOT EXPECTED TO CONDUCT AN	
<ol><li>If there are no members activities and affairs:</li></ol>	enter the name and address of the person appoint EGLEE FERNANDEZ, AUTHORIZED M	ointed to wind up the company هي BR
	8146 NW 199 TERRACE	i
	HIALEAH, FL 33015-6370	
		0.7
<ol><li>Signature of an authorized above to wind up the</li></ol>	zed person or if there are no members, the signs company's activities and affairs:	ature of the person appointed and
$\mathcal{L}$	EGLEE FERNA	NDEZ
- Konatu	re	Printed Name

FILING FEE: \$25.00

### **Notice of Limited Liability Company Dissolution**

#### **NOTE:** This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: IN LOVING HANDS GROUP HOMES
Document number of Limited Liability Company is: L19000031031
Date of dissolution was: 09/01/2019
Description of information that must be included in a written claim:
NON BUSINESS CONDUCTED AND NONE ARE EXPECT
<u></u>
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
EGLEE FERNANDEZ
8146 NW 199 TERRACE
HIALEAH, FL 33015-6370
A claim against the above named limited liability company will be barred unless a proceeding to enforce the
claim is commenced within 4 years after the filing of this notice.
EGLEE FERNANDEZ
Printed Name of the Person Filing Signature of the Person Filing
Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00