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(Business Entity Name)

(Document Number)

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2023 JUL -5 PM 4:01

CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXAMINER 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:

GLORIA O TAMAYO
(Name of Person)
EXAMINER CARE LLC
(Firm/Company)
17002 NW 53 CT
(Address)
MIAMI GARDENS, FL 33055
(City/State and Zip Code)

For further information concerning this matter, please call:

Gloria Tamayo at 954, 548 9849
(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 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

EXAMINER CARE LLC

2. The Articles of Organization were filed on 4/15/2019 and assigned
document number L19000103379

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).

NO Making Enough Profit

2023 JUL -5 PM 4:01

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

Gloria Tamayo
EXAMINER CARE LLC
17002 NW S3 CT
MIAMI GARDENS FL 33024

6/29/2023

GT

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

Printed Name

Gloria Tamayo

FILING FEE: \$25.00