

L19 000 158557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

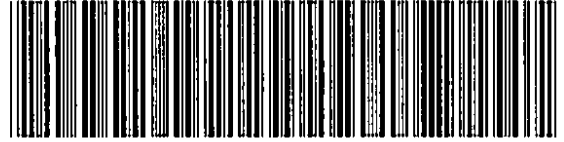
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATIONS

Revocation

AUG 20 2020
D CUSHING

COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: Care with Compassion Home Services, LLC.

Name of Limited Liability Company

The enclosed Statement of Revocation of Dissolution for Florida Limited Liability Company and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tori Reddick

Contact Person

Care with Compassion Home Services, LLC.

Firm/Company

4720 Magnolia Preserve Avenue

Address

Winter Haven, FL 33880

City, State and Zip Code

carewithcompassion19@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tori Reddick

at (863) 427-8217

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

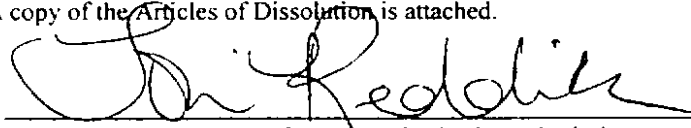
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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STATE
SECRETARY OF
CORPORATIONS
20 JUL 10 AM 11:19

**STATEMENT OF REVOCATION OF DISSOLUTION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to section 605.0708, Florida Statutes, this Florida limited liability company revokes its articles of dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the articles of dissolution.

- Care with Compassion Home Services, LLC.
1. The name of the company is: _____
 2. The document number of the company is ~~L19000158577~~ L19000158557
 3. The effective date the Dissolution was filed is 5/22/2020
 4. The revocation of dissolution was authorized on 6/26/2020
 5. A copy of the Articles of Dissolution is attached.



Signature of person authorized to submit the revocation of dissolution

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CLERK OF STATE
DIVISION OF CORPORATIONS
20 JUN 10 AM 11:18

Filing Fee: \$100.00
Certified Copy: \$30.00 (optional)

FILED
May 22, 2020
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 605.0707, Florida Statutes, this Florida limited liability company submits the following Articles of Dissolution:

The name of the limited liability company as currently filed with the Florida Department of State:

CARE WITH COMPASSION HOME SERVICES, LLC

The document number of the limited liability company: L19000158557

The file date of the articles of organization: June 17, 2019

A description of occurrence that resulted in the limited liability company's dissolution:

NOT OPERATING BUSINESS

The name and address of the person appointed to wind up the company's activities and affairs:

TORI REDDICK
980 EAST TEE CIRCLE
BARTOW, FL 33830

I/we submit this document and affirm that the facts stated herein are true. I/we am/are aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: TORI REDDICK

Electronic Signature of authorized person