L19000158557

(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



600347281256

07/10/20--61010 -00¢ ••100.00

20 JUL 10 AMH: 18

Rayocation

COVER LETTER

COVEREDITER	
TO: Registration Section	
Division of Corporations	Marie and the
SUBJECT: Care with Compassion Home Services, LLC.	
Name of Limited Liability C	Company
The enclosed Statement of Revocation of Dissolution for Florida Liu submitted for filing.	nited Liability Company and fee(s) are
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:	

Mailing Address:

Name of Contact Person

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **Street Address:**

427-8217

Area Code

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

Daytime Telephone Number

20 JUL 10 1411: 18

Tori Reddick

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.

1.	Care with Compassion Home Services, LLC. The name of the company is:		
2.	L19000158577. L19000158577	-	
3.	5/22/2020 The effective date the Dissolution was filed is	-	
4.	6/26/2020 The revocation of dissolution was authorized on	7 V 0	
5.	A copy of the Articles of Dissolution is attached.		
	Signature of person authorized to submit the revocation of dissolution	032102	

\$100.00

Certified Copy: \$30.00 (optional)

Filing Fee:

CR2E132 (10/15)

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 occurance 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