

L19000187439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

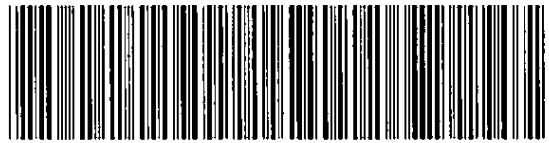
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2024 MAY 17 PM 2:51

TALLAHASSEE, FLORIDA

2024 MAY 17 PM 2:51

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McCarthy Rehab Services, 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:

DONNA MCCARTHY
(Name of Person)

(Firm/Company)

8048 SE Coconut Street
(Address)

Hobe Sound, FL 33455
(City/State and Zip Code)

For further information concerning this matter, please call:

Carrie Lavigne, atty at 772, 286-7521
(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**

FILED

1. The name of a limited liability company is
McCarthy Rehab Services, LLC

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TALLAHASSEE, FLORIDA

2. The Articles of Organization were filed on 07/22/2019 and assigned

document number 1.19000187439

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).

Former owner, Susan McCarthy, deceased.

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

8048 SE Coconut Street, Hobe Sound, FL 33455

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

Donna McCarthy

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: McCarthy Rehab Services, LLC

Document number of Limited Liability Company is: L19000187439

Date of dissolution was: _____

Description of information that must be included in a written claim:

Name and Address of Creditor: Invoice or Order signed by Susan McCarthy: Description of Services

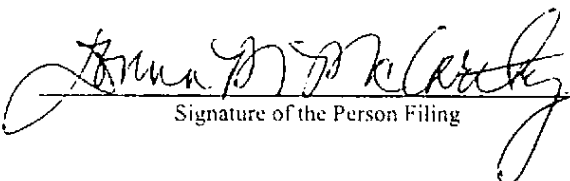
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

8048 SE Coconut Street, Hobe Sound, Florida 33455

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.

Susan McCarthy, Personal Representative of Estate

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

FILED
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