

L19000238595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

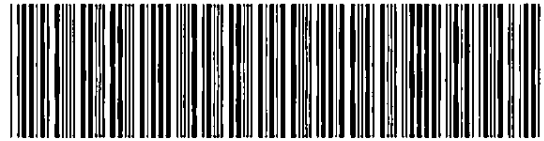
(Document Number)

Certified Copies _____ Certificates of Status _____

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Wmills

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2025 JAN 10 PM 3:17

STATE
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 10 PM 1:05

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PREFERRED NURSE REGISTRY OF FLORIDA, 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:

Joe Bonaccorsi

(Name of Person)

Help at Home, LLC

(Firm/Company)

33 S. State St., Suite 500

(Address)

Chicago, IL 60603

(City/State and Zip Code)

For further information concerning this matter, please call:

Julia G Sowonik

(Name of Person)

312

at ()

845-1304

(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
PREFERRED NURSE REGISTRY OF FLORIDA, LLC
2. The Articles of Organization were filed on 09/20/2019 and assigned
document number L19000238595
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).
Consent of the Member.

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

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:

/s/ Joe Bonaccorsi

Signature

Joe Bonaccorsi

Printed Name

FILING FEE: \$25.00

DIS-32937

2019 JAN 10 PM 1:05
RECEIVED
TALLAHASSEE
SECRETARY OF STATE

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: PREFERRED NURSE REGISTRY OF FLORIDA, LLC

Document number of Limited Liability Company is: L19000238595

Date of dissolution was: 01/10/2025

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

Company ceased operations and was wound up accordingly.

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

Joe Bonaccorsi

Help at Home, LLC

33 S. State Street, Suite 500

Chicago, IL 60603

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.

Joe Bonaccorsi

Printed Name of the Person Filing

/s/ Joe Bonaccorsi

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00