

K200000004516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

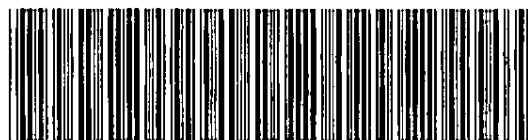
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800388607328

06/05/22 - 01009 - 007 \*\*55.00

FILED

JUN - 6 PM 12: 51

SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DIVINE ADULT FAMILY HOME 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:

RUTHENIA MOSES

\_\_\_\_\_  
(Name of Person)

MOSES BUSINESS SERVICES

\_\_\_\_\_  
(Firm Company)

P.O. BOX 120091

\_\_\_\_\_  
(Address)

CLERMONT, FLORIDA 34712

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

RUTHENIA MOSES

\_\_\_\_\_  
(Name of Person)

352

408-8273

at (

\_\_\_\_\_) \_\_\_\_\_  
(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**

**2022 JUN -6 PM 12: 52**

1. The name of a limited liability company is  
DIVINE ADULT FAMILY HOME CARE, LLC.

SECRETARY OF STATE  
TALLAHASSEE, FL

2. The Articles of Organization were filed on 12/31/2019 and assigned  
document number L20000004516

3. The delayed effective date the dissolution if not effective on the date of filing: 5/2/2022  
(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).

We are desiring a name change and there fore we had to dissolve the existing name.

We are desiring a name change and there fore we had to dissolve the existing name.

We are desiring a name change and there fore we had to dissolve the existing name.

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

2029 CROSSHAIR CIRCLE

ORLANDO, FL 32837

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:

Marguerite Atis

Signature

MARGUERITE ATIS

Printed Name