

L21000407402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

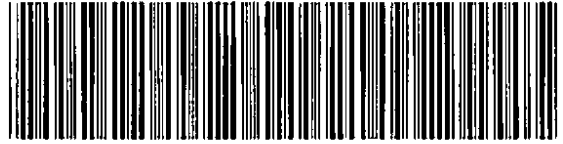
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2022 NOV 16 AM 10:56

2022 NOV 16 AM 10:51

NOV 17 2022
D CUSHING

FLORIDA CAPITAL COURIER SERVICES, INC.
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

Please use funds from this account: I20210000160 Amount: __\$100.00__

Authorization Signature: James F. [Signature]

WOOLBRIGHT NURSING SERVICES, LLC L21000407402

Business

Document #

☐ Walk in
☐ Pick up time _____

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certified Copy of Articles of Organization (please stamp each page)

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ L.L.P.
☐ **CORP**

AMMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☒ **Dissolution/Withdrawal**
☐ Merger
☐ **Conversion**
☐ **AFFIDAVID BY FOREIGN CORP.**

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Statement of Partnership
☐ Reinstatement

 APOSTIL Other
Country

EXAMINER'S INITIALS: _____

2022 NOV 16 AM 10:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WOOLBRIGHT NURSING 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:

Michelle Celami

Contact Person

Firm/Company

7262 WILLOW SPRING CIR N

Address

BOYNTON BEACH, FL 33436

City, State and Zip Code

michelleswithin@rocketmail.com

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

For further information concerning this matter, please call:

MICHELLE CELAMI

Name of Contact Person

at (561)

Area Code

294-5025

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

2022 NOV 16 AM 10:56

**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. The name of the company is: WOOLBRIGHT NURSING SERVICES, LLC
2. The document number of the company is 121000407402
3. The effective date the Dissolution was filed is October 27, 2022.
4. The revocation of dissolution was authorized on October 30, 2022.
5. A copy of the Articles of Dissolution is attached.

2022 NOV 15 7:10:55

Authenticatign
Michelle Celami

11/16/22

Signature of person authorized to submit the revocation of dissolution

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

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:

WOOLBRIGHT NURSING SERVICES, LLC

The document number of the limited liability company: L21000407402

The file date of the articles of organization: September 14, 2021

The effective date of the dissolution if not effective on the date of filing: October 27, 2022

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

INEFFECTIVE BUSINESS MANAGEMENT

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

MICHELLE CELAMI
7262 WILLOW SPRINGS CIR N
BOYNTON BEACH, FL 33436 US

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: MICHELLE CELAMI

Electronic Signature of authorized person

505729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

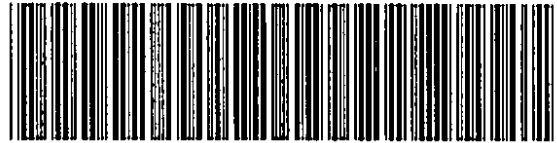
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700392034877

08/03/22--01018--020 **96.25

Amend

2022-08-03 11:24:43

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Michael Saunders & Company
DOCUMENT NUMBER: 505729

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paula Rees
Name of Contact Person

Michael Saunders & Company
Firm/ Company

100 S. Washington Blvd
Address

Sarasota, FL 34236
City/ State and Zip Code

Paula.rees@michaelsaunders.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula Rees at (941) 953-7900
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☐ \$35 Filing Fee
☐ \$43.75 Filing Fee & Certificate of Status
☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
☒ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Articles of Amendment
to
Articles of Incorporation
of

Michael Saunders & Company

(Name of Corporation as currently filed with the Florida Dept. of State)

505729

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this **Florida Profit Corporation** adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

NA

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address **MUST BE A STREET ADDRESS**)

NA

C. Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

NA

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

NA

(Florida street address)

New Registered Office Address:

NA

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

NA

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☒ Remove V Mike Jones

☒ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO, T</u> <u>✓ D</u>	<u>Michael Saunders</u>	<u>100 S. Washington Blvd</u> <u>Sarasota, FL 34236</u>
2) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>P, T</u> <u>or D</u>	<u>Drayton Saunders</u>	<u>100 S. Washington Blvd</u> <u>Sarasota, FL 34236</u>
3) <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>VP, S</u> <u>or D</u>	<u>Paula Rees</u>	<u>100 S. Washington Blvd</u> <u>Sarasota, FL 34236</u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove	<u>D</u>	<u>Ronald Burks</u>	<u>100 S. Washington Blvd</u> <u>Sarasota, FL 34236</u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

NA

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

NA

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____
(voting group)

Dated July 18, 2022

Signature Michael Saunders

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Michael Saunders

(Typed or printed name of person signing)

Chief Executive Officer

(Title of person signing)