

L22 0000 33365

(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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ST. LOUIS
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**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

BRANCHES OF CARE LLC

2. The Articles of Organization were filed on 1/18/2022 and assigned

document number L 22 0000 33365

3. The delayed effective date the dissolution if not effective on the date of filing: MAY 1 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).

NO INCOME RECEIVED SINCE INCEPTION

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

SEE ATTACHED FOR

MEMBERS AGREEMENT FOR

DISSOLUTION

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]
Signature

Allen Haggerty
Printed Name

FILING FEE: \$25.00

2023 APR 25 PM 4:40

FILED

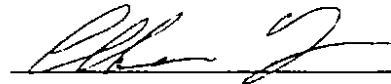
April 11, 2023

Florida Division of Corporations
2415 N Monroe St Suite 810
Tallahassee, FL 32303

To Whom to May Concern,

We, the undersigned members of Branches Of Care, LLC, EIN 87-4742687, have voted in favor of dissolving the aforementioned business due to lack of finances and no income stream.

Effective Date May 1, 2023


Colleen Happenny


Dawn Hubbard

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRANCHES OF 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:

Colleen HAPPENNY c/o DAWN HUBBARD
(Name of Person)

BRANCHES OF CARE, LLC
(Firm/Company)

1423 STANLEY LANE
(Address)

MELBOURNE, FL 32935
(City/State and Zip Code)

For further information concerning this matter, please call:

Colleen Happenny at (321) 720-1494
(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