

L22000337215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

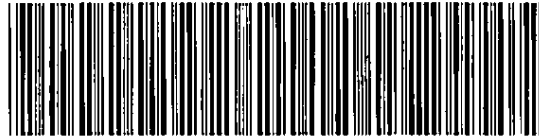
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TALLAHASSEE, FL

R. HUNT

01/10/24



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 01/10/2024

Name: Patrice Rush

Reference #: 2235682

Entity Name: COMPASSIONATE HOME CARE, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

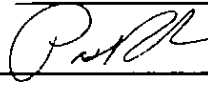
☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

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JAN 10 PM 4:23
TALLAHASSEE, FL

Authorized Amount: \$25.00

Signature: 

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compassionate 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:

Lea Brinkerhoff, Esq.

(Name of Person)

Graham Healthcare Group

(Firm/Company)

5440 Corporate Drive, Suite 400

(Address)

Troy, MI 48098

(City/State and Zip Code)

For further information concerning this matter, please call:

Lea Brinkerhoff

248

514-7443

at ()

(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

2006-11-10 PM 4:23
STATE
TALLAHASSEE, FL
10

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is

Compassionate Home Care, LLC

2. The Articles of Organization were filed on 07/29/2022 and assigned

document number L22000337215

3. The delayed effective date the dissolution if not effective on the date of filing: N/A
(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).

Pursuant to section 605.0701(3), Florida Statutes, InTelliCare Services FL2, LLC, the sole member of

Compassionate Home Care, LLC, consented to dissolution of Compassionate Home Care, LLC.

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:



Signature

David Curtis

Printed Name

FILING FEE: \$25.00