

L23000 229 266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

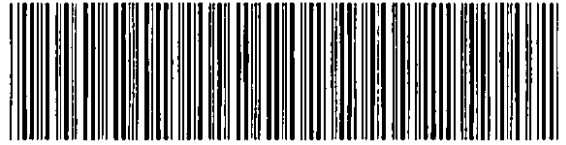
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SECRETARY OF STATE
2023 JUL 13 PM 4:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COMPLETE HOME HEALTH CARE
(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:

BRIDGETT BAILEY-DOWNER
(Name of Person)

THE COMPLETE HOME HEALTH CARE
(Firm/Company)

7179 W Oakland Park Blvd
(Address)

Lauderhill Florida 33313
(City/State and Zip Code)

For further information concerning this matter, please call:

BRIDGETT BAILEY-DOWNER at (954) 496-5012
(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

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

1. The name of a limited liability company is

THE COMPLETE HOME HEALTH CARE

2. The Articles of Organization were filed on 05/09/2023 and assigned

document number L23000229266

3. The delayed effective date the dissolution if not effective on the date of filing: 6/23/23
(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).

BUSINESS NAME HAD AN ERROR AND
NEEDED TO BE CORRECTED

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

BRIDGETT BAILEY-DOWNER
7179 W Oakland PARK Blvd
Lauderhill FL 33313

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:

B BAILEY DOWNER
Signature

BRIDGETT BAILEY-DOWNER
Printed Name

FILING FEE: \$25.00

FILED
SECRETARY OF STATE
2023 JUL 13 PM 4:08

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: THE COMPLETE HOME HEALTHCARE

Document number of Limited Liability Company is: _____

Date of dissolution was: 6/23/23

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

THE COMPANY NAME IS THE COMPLETE HOME
HEALTH CARE IT'S THE CORRECTED NAME
CHANGED.

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

7179 W Oakland Park Blvd
Lauderhill FL, 33313

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DIVISION OF CORPORATIONS
2023 JUL 13 PM 4:08

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.

BRIDGETT BAILEY-DOWNER
Printed Name of the Person Filing

B. BAILEY-DOWNER
Signature of the Person Filing

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