

L23000 254 676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Case For Healthcare, 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:

Samie Kramking
(Name of Person)

Case For Healthcare, LLC
(Firm/Company)

149 Musfield Drive
(Address)

Ponte Vedra Beach, FL 32082
(City/State and Zip Code)

For further information concerning this matter, please call:

Samie Kramking at (404) 787-8772
(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

Care For Healthcare, LLC

2. The Articles of Organization were filed on May 24, 2023 and assigned

document number L23000254674

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(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.

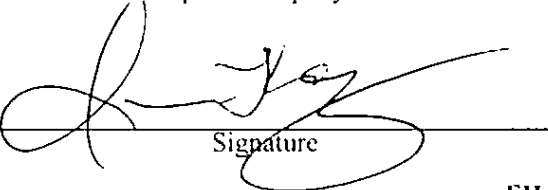
4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

We intended to change our existing LLC's name to
this name. We created this LLC in error

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

Jamie Kraniking
149 Muirfield Dr.
Ponte Vedra Beach, FL
32082

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

6/7/23
Printed Name

FILING FEE: \$25.00

2023 JUN - 7 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

NAME RELEASE

I, Samie Krankin WILL NOT
REINSTATE NOR REVOKE THE DISSOLUTION OF
Care For Healthcare, LLC
DOCUMENT NUMBER L23000254676
AND I RELEASE THE NAME FOR USE BY
ANOTHER ENTITY.

A handwritten signature in black ink, appearing to be 'S. Krankin', is written over a horizontal line.