

L99000005905

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EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 821535 7390554

AUTHORIZATION :

COST LIMIT : \$25.00

[Signature]

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ORDER DATE : December 10, 2008

ORDER TIME : 8:30 AM

ORDER NO. : 821535-040

CUSTOMER NO: 7390554

DOMESTIC FILINGS

NAME: WINTER HAVEN CARE, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Doreen Wallace - EXT# 2928

EXAMINER'S INITIALS: _____

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

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TALLAHASSEE, FLORIDA

1. The name of a limited liability company is

Winter Haven Care, LLC

2. The Articles of Organization were filed on September 21, 1999 and assigned document number L99000005905

3. The date the dissolution was approved: 01/01/2009

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy 608.441 on back cover letter).

Sole managing member (Northern Health Facilities, Inc.) has directed the dissolution of this
limited liability company (see attached).

5. CHECK ONE:

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.

-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to s. 608.4421.

6. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

7. CHECK ONE:

☒ There are no suits pending against the company in any court.

-OR-

☐ Adequate provision has been made for the satisfaction of any judgment, order or decree which may be entered against it in any pending suit.

Signatures of the members having the same percentage of membership interests necessary to approve the dissolution:

Signature
Roch Carter

Printed Name

Roch Carter, Director and Vice President

of sole member

FILING FEE: \$25.00