## L94000008484

(Requestor's	s Name)
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PICK-UP	WAIT MAIL
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(Business E	intity Name)
(Document	Number)
Certified Copies Co	ertificates of Status
Special Instructions to Filing Of	
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DEPARTMENT OF STATE

DIVISION OF CORPORATION

2008 DEC 11 AN 10: 42

TO ACKHOWLEDGE

SUFFICIENCY OF EDGE

B. KOHR

DEC 1 1 2008

**EXAMINER** 



ACCOUNT NO. : 072100000032	
REFERENCE : 821535 7390554	
AUTHORIZATION :	
COST LIMIT : \$ 75.00	7
ORDER DATE: December 10, 2008	PANO:
ORDER TIME: 8:35 AM	ين:
ORDER NO. : 821535-085	. "U
CUSTOMER NO: 7390554	
DOMESTIC FILINGS	
NAME: NEW HORIZON CARE, LLC	
XX ARTICLES OF DISSOLUTION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY	
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

The name of a limited liability company is     New Horizon Care, LLC			8 PE
2. The Articles of Organization were filed on December	6, 1999 a	nd assigned docum	en (flumber
3. The date the dissolution was approved: 01/01/2009			027
<ol> <li>A description of occurrence that resulted in the limited liab 608.441, Florida Statutes, (copy 608.441 on back cover let Sole managing member (Extendicare Health Facilities,</li> </ol>	ler).		*
limited liability company (see attached).			
<ul> <li>5. CHECK ONE:</li> <li>All debts, obligations and liabilities of the limited -OR-</li></ul>	bligations and liability ong its members in ac	ies pursuant to s. 60 ecordance with their	8.4421.
Signatures of the members having the same percentage of members	ership interests necess	ary to approve the o	dissolution
Signature	P	rinted Name	
Men lalla	Roch Carter, D	irector and Vice P	resident
	of sole membe	r 	

**FILING FEE: \$25.00**