

PO6000030304

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000099567 3)))



H150000995673ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DISSOLUTION OR WITHDRAWAL NENA'S ALF CARE CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2ND REQUEST

RECEIVED
15 APR 27 AM 8:05
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 APR 27 AM 9:10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

C.L.
4-28-15



April 27, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NENA'S ALF CARE CORP.
11610 SW 156TH CT
MIAMI, FL 33196

SUBJECT: NENA'S ALF CARE CORP.
REF: P06000030304

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

FAX Aud. #: H15000099567
Letter Number: 815A00008531

H15000099567

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Nena's ATF Care, Corp.

SECOND: The document number of the corporation (if known):

P06000030304

THIRD: The date dissolution was authorized:

4/22/15

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature:

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator; if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Eutdel Garcia

(Typed or printed name of person signing)

Pres.

(Title of person signing)

Filing Fee: \$35

H15000099567

15 APR 27 AM 9:10

SECRETARY OF STATE
DIVISION OF CORPORATIONS