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COVER LETTER

TO: Amendment Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Voluntary dissolution of Florida pro	ofit corporation
DOCUMENT NUMBER: P14000000917	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Gary R. Loffredo	
(Name of C	Contact Person)
Senior Nannies Holdings, LLC	
(Firm	n/Company)
3313 W. Commercial Blvd., Suite 130	
(Ac	idress)
Fort Lauderdale, FL 33309	
(City/State	te and Zip Code)
For further information concerning this mat	ter, please call:
Gary R. Loffredo	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
■ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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: SENIOR HOME HEALTH INC	
SECOND:	The document number of the corporation (if known): P14000000917	
THIRD:	The file date of the articles of incorporation: 1/3/2014	.
FOURTH:	(CHECK AT LEAST ONE BOX)	
	☐ None of the corporation's shares have been issued.	
	☐ The corporation has not commenced business.	
FIFTH:	No debt of the corporation remains unpaid.	
SIXTH:	The net assets of the corporation remaining after winding up have been distr to the shareholders, if shares were issued.	ibuted
SEVENTH	Adoption of Dissolution (CHECK ONE)	2015 TALL
	☐ A majority of the incorporators authorized the dissolution.	2015 DEC 31 SECRE FAIGH
	A majority of the directors authorized the dissolution.	E SARCE ET LORIDA
Sign	(By a director, president of other officer - if directors or officers have not been selected, by an in the hands of a receivor, trastee, or other court appointed fiduciary, by that fiduciary.)	ncorporator - if
	Gary R. Loffredo	_
	(Typed or printed name of person signing)	
	Chief Executive Officer	_
	(Title of Person Signing)	

Filing Fee: \$35