



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2015

700275910427

ADULT FAMILY HOME CARE INC  
2052-54 SYRACRUSE COURT  
PALM BAY, FL 32905

SUBJECT: ADULT FAMILY HOME CARE, INC.  
Ref. Number: K04870

Debit Memo #: 015758-F

Due to your failure to respond to our previous letter advising you of the attached returned check #1099, the 2015 annual report for ADULT FAMILY HOME CARE, INC. has been cancelled and is considered not filed as of August 10, 2015.

Please note: Due to this cancellation, you will be required to re-file the annual report online at sunbiz.org.

Section 607.1421 or 607.1530, Florida Statutes, requires notice of our intent to administratively dissolve or revoke your corporation for failure to file the annual report and pay the filing fee. Consider this your notice if the annual report is not filed and payment is not received, your corporation will be administratively dissolved or revoked on the fourth Friday in September and a reinstatement fee of an additional \$600 will be imposed to reactivate the corporation.

If you have any questions concerning the returned check, please call 850-245-6887.

Sincerely,  
Garry Leonard  
Administrative Assistant  
Division of Corporations

Letter Number: 315A00016743



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 16, 2015

ADULT FAMILY HOE CARE INC  
2052-54 SYRACRUSE COURT  
PALM BAY, FL 32905

SUBJECT: ADULT FAMILY HOME CARE, INC.  
Ref. Number: K04870

Debit Memo #: 015758-F

This is to inform you that your check #1099 dated April 1, 2015 in the amount of \$150.00 submitted with the annual report for ADULT FAMILY HOME CARE, INC. has been returned to us by your bank because of NON SUFFICIENT FUNDS.

As this payment cannot be replaced from our website and we cannot take credit card information over the phone, we request that you remit a cashier's check or money order in the amount of \$165.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: If you fail to respond to this letter, the annual report will be cancelled and considered not filed unless a replacement check is received within 30 days from the date of this letter. If the annual report is cancelled for non-payment, you will be required to re-file the annual report online at [www.sunbiz.org](http://www.sunbiz.org). Send the replacement check to:

Division of Corporations  
Attn: Garry Leonard  
P.O. Box 6327  
Tallahassee, FL 32314

Sections 607.1421 and 607.1531, Florida Statutes, requires us to give notice of our intent to administratively dissolve a Florida corporation or revoke the authority to transact business of a corporation for failure to file the annual report and pay the filing fees. Consider this your notice if the annual report is not filed and payment is not received, your corporation will be dissolved or revoked on the fourth Friday in September and a reinstatement fee of an additional \$600 will be imposed.

If you have any questions concerning the returned check, please call (850) 245-6887.

Sincerely,  
Garry Leonard  
Administrative Assistant  
Division of Corporations

Letter number: 615A00012529