_0d000000798a

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Ru	siness Entity Nam	ne)
(50	Siness Enery Nan	10)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	A. LU	NIT
MAR 1 0 2008		
EXAMINER		
	4111 A	によ

Office Use Only



700119557407

03/06/08--01026--005 **25.00

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: REWEW THERAPY HOME CARE I, LLC (Name of Limited Liability Company)			
The enclosed Articles of Dissolution and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
REVIEW THERMY CENTERS HALDING CO. DLC			
Please return all correspondence concerning this matter to the following: ALFREDO VASQUEZ (Name of Person) RENEW THERAPY CENTERS HOLDINGS (Firm/Company) P.O. BOX 33669 (Address) TNDIALANTIC FL 32903-0669			
P.O. BOX 33669			
(Address)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
ALFREDO VASQUEZ _{at} (321) 501 - 5068 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1. The name of a limited liability company is RENEW THERAPY HO	ME CARE I, LLC
2. The Articles of Organization were filed on <u>04-</u> L0200007982	03-2007 and assigned document number
3. The date the dissolution was approved: FEB	29, 2008
4. A description of occurrence that resulted in the limit 608.441. Florida Statutes. (copy 608.441 on back co	ver letter).
608.441 (IC) NO ACT	TIVITY FUR THE LAST
2 YEARS.	AR.
5. CHECK ONE:	TATE ORIO
OR-Adequate provision has been made for the d	mited liability company have been paid or discharged. lebts, obligations and liabilities pursuant to s. 608.4421. lted among its members in accordance with their respective
7. CHECK ONE:	
There are no suits pending against the comp	any in any court.
= -OR-	atisfaction of any judgment, order or decree which may be
Signatures of the members having the same percentage of	membership interests necessary to approve the dissolution:
Signature	Printed Name
alfredo Varga	ALFREDO VASQUEZ

NOTICE OF MEETING OF MEMEBERS OF RENEW THERAPY CENTERS HOLDING CO., LLC A FLORIDA LIMITED LIABILTY COMPANY

The Members of RENEW THERAPY CENTERS HOLDING CO., LLC held a special meeting on Friday February 29, 2008 at 5:00 PM at 2727 N. Hwy A1A, suite 601, Indialantic, FL 32903.

This meeting was held for the purpose of obtaining approval for the dissolution of RENEW THERAPY HOME CARE I, LLC.

The Members unanimously approved and authorized Alfredo Vasquez to pursue and conclude the dissolution of RENEW THERAPY HOME CARE I, LLC as necessary.

WAIVER OF NOTICE AND CONSENT TO HOLDING MEETING OF MEMBERS OF RENEW THERAPY CENTERS HOLDING CO., LLC A FLORIDA LIMITED LIABILITY COMPANY

We the undersigned, constituting all of the Members of RENEW THERAPY CENTERS HOLDING CO., LLC, do hereby waive notice and consent to holding of the special meeting of RENEW THERAPY CENTERS HOLDING CO., LLC.

KCARE LLC (100% ownership)

Alfredo Vasquez

Managing Member

2008 MAR -6 P 1: 39
SECRETARY OF STATE