N05000012293

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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NURSING HOME RETALIATION INC. Dissolution				
DOCUMENT NUMBER: N05000012293				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lawrence Destefano				
(Name of Contact Person)				
(Firm/Company)				
3000 Huntington Street				
(Address)				
Orlando, FL 32803				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Lawrence Destefano at (407) 375-2333				
(Name of Contact Person) (Area Code & DaytimeTelephone Number)				
Enclosed is a check for the following amount:				
MAILING ADDRESS. STREET ADDRESS.				

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

STREET ADDRESS:

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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	NURSING HOME RETALIATION INC.		
SECOND:	The document number of the corporation (if known): N05000012293		
THIRD:	The file date of the articles of incorporation: 12/9/2005		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)		
	▼ The dissolution was authorized by a majority of the directors: OR	11 JAN	HAISION OF
	☐ The dissolution was authorized by an incorporator.	118	07.3 77.30 07.30
	☐ The dissolution was authorized by a majority of the incorporators.	7 JAN 18 AM 8: 47	OF STATE
Signa	(By the chairman or vice chairman of the board, president or other officer- if directors have not be selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiducity)		
	LAWRENCE M. DESTEFANO		
	(Typed or printed name of person signing)		
	DIRECTOR		
	(Title of person signing)		

Filing Fee: \$35