

P00000058325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

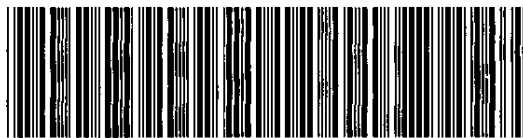
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR 12 PM 12:10

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Art Diss
@ 3/16/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolve - Close Corporation

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Fern Gordon Orshan
(Name of Contact Person)

Sunshine Caregivers
(Firm/Company)

15715 South Dixie Highway
(Address) Suite

Miami, FL 33158 332
(City/State and Zip Code)

For further information concerning this matter, please call:

Fern Gordon Orshan at (786) 991-6375
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
P.O. Box 6327
Tallahassee, FL 32314

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

*
RECEIVED
2010 MAR 12 AM 8:00
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Already sent check in



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2010

FERN GORDON ORSHAN
SUNSHINE CAREGIVERS, INC. 2ND MAILING
6759 KENDALL DRIVE - APT. C114
MIAMI, FL 33158

SUBJECT: SUNSHINE CAREGIVERS, INC.
Ref. Number: P00000058325

We have received your document for SUNSHINE CAREGIVERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 410A00003178



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2010

FERN GORDON ORSHAN
SUNSHINE CAREGIVERS, INC.
15715 SOUTH DIXIE HIGHWAY - SUITE 332
MIAMI, FL 33158

SUBJECT: SUNSHINE CAREGIVERS, INC.
Ref. Number: P00000058325

We have received your document for SUNSHINE CAREGIVERS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Photo copies are not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 410A00003178

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:

Sunshine Caregivers

SECOND: The document number of the corporation (if known): Don't have

THIRD: The date dissolution was authorized: August 30, 2009

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:

Fern Gordon Orshan
(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)

Fern Gordon Orshan
(Typed or printed name of person signing)

President / Owner
(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAR 12 PM 12:10