

P01000106327

6827 NW 15th Ave.
Miami, Fla.
33147

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

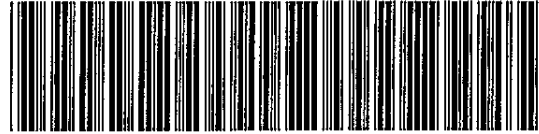
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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Notice of Corporate Dissolution

DOCUMENT NUMBER: PO/00/06327

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

Please return all correspondence concerning this matter to the following:

EDITH DAVIS

(Name of Person)

A. WALKER CARE, Inc.

(Name of Firm/Company)

6827 N.W. 15th Ave.

(Address)

Miami, FLA

(City and Zip Code)

For further information concerning this matter, please call:

EDITH DAVIS

(Name of Person)

at (305) 696-4400

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2004

EDITH DAVIS
% A. WALKER CARE INC.
6827 NW 15TH AVE.
MIAMI, FL 33147

SUBJECT: A. WALKER CARE INC.
Ref. Number: P01000106327

We have received your document for A. WALKER CARE INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Anna Chesnut
Document Specialist

Letter Number: 504A00048373



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 12, 2004

EDITH DAVIS
A. WALKER CARE INC.
6827 N.W. 15TH AVE.
MIAMI, FL 33147

SUBJECT: A. WALKER CARE INC.
Ref. Number: P01000106327

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The document you submitted has been prepared pursuant to a foreign corporation. As the entity was originally filed as a Florida profit corporation.

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 004A00023886

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DIVISION OF CORPORATIONS

ARTICLE OF DISSOLUTION

According 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 Department of State:

A. WALKER CARE Inc.

SECOND: The document number of the corporation (if known): PO1000106327

THIRD: The date dissolution was authorized: 7/28/04

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution Plan (SEE PAGE ONE)

- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by of the shareholders through voting groups.

The following statements 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)

Signed this 28 day of July 2004

Signature: Edith Davis

(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)

EDITH DAVIS

(Typed or printed name of person signing)

Treasurer

(Title of person signing)

Filing Fee: \$35

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