

PO2000072140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

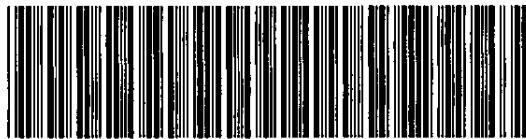
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/11/14--01004--015 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 MAR 27 PM 2:47

Dissolution

MAR 28 2014

T. CARTER



RECEIVED

14 MAR 24 PM 4:24

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 12, 2014

MARIA L. DUANY
CARI HOME CARE INC.
5801 N.W. 151 STREET, SUITE 107
MIAMI LAKES, FL 33014 US

SUBJECT: CARI HOME CARE, INC.
Ref. Number: P02000072140

We have received your document for CARI HOME CARE, 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):

If it is your intent to file the Notice of Corporate Dissolution along with the Articles of Dissolution please complete the Description of Information that must be included in a claim on the Notice of Corporate Dissolution. Otherwise, detach the Notice of Corporate Dissolution and return the Articles of Dissolution only.

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) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 614A00005424

→ returning
Articles of
Dissolution
only.
Please
see
attached.
Thank you.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CARI HOME CARE INC.

DOCUMENT NUMBER: P02000072140

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

Please return all correspondence concerning this matter to the following:

MARIA L. DUANY

(Name of Contact Person)

CARI HOME CARE INC.

(Firm/Company)

5801 N.W. 151 STREET, SUITE 107

(Address)

MIAMI LAKES, FL 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA L. DUANY

(Name of Contact Person)

at (**786**)

243-3022

(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

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:

CARI HOME CARE INC.

SECOND: The document number of the corporation (if known): P02000072140

THIRD: The date dissolution was authorized: DECEMBER 31, 2013

Effective date of dissolution if applicable: DECEMBER 31, 2013

(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: X 

(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)

MARIA L. DUANY

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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