P03000019370

(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

400163838834

EFFECTIVE DATE 1-4-10

400163838834
12/24/09--01041--009 **35.00

UD / Dan

FILED
09 DEC 24 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 30 2009

December 17, 2009

Amendment Section
Division Of Corporation
P. O. Box 6327
Tallahassee, Fl 32314

Certified Mail: 7008 2810 0001 0963 0720

To Whom It May Concern:

I Thais Garcia owner of **Trinity Rehabilitation & Care Inc, DBA/ Trinity Medical & Wellness Center.** I'm informing you that as of January 4, 2010 we will no longer be operating. We are dissolving the corporation as of January 4, 2010. If you have any question you may contact @ 321-299-5495.

Thank You

Sincerely,

Thais Garcia

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary Dissolution.

DOCUMENT NUMBER: P03000019370

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

Please return all correspondence concerning this matter to the following:

Thais Garcia
(Name of Contact Person)

Trinity Rehabilitation & Care Inc.
(Firm/Company)

483 N. Semoran Blvd. # 208
(Address)

Winter Park FL, 32792
(City/State and Zip Code)

For further information concerning this matter, please call:

Thais Garcia. at (321) 299-5495.
(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

EFFECTIVE DATE 1-4-10

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:

Trinity Rehabilitation And Care, Inc.

SECOND: The document number of the corporation (if known): P03000019370

THIRD: The date dissolution was authorized: 12/17/09.

Effective date of dissolution if applicable: 1/4/10
(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)

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TALLAHASSEE, FLORIDA

Signature: _____
(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)

Theris Garcia.
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: $35