## P0300/397Z3

(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



200064555032

01/27/06 01019--003 \*\*35.00

DIVISION OF CORPORATIONS

06 JAN 27 PM 2: 02

Ps//31/02 Diss/notice

## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: CARES HOME HEALTH, INC DOCUMENT NUMBER: P03000139773 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: **GIOVANNI MENA** (Name of Contact Person) (Firm/Company) 14596 SW 95 LANE (Address) MIAMI, FL 33186 (City/State and Zip Code) For further information concerning this matter, please call: at ( 305 ) 2162811 **GIOVANNI MENA** (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS: STREET ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

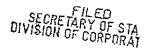
Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION



06 JAN 27 PM 2:1

Pursuant to section 607.1401, 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:
	CARES HOME HEALTH, INC
SECOND:	The document number of the corporation (if known): P03000139773
THIRD:	The file date the articles of incorporation: 11/25/2003
FOURTH:	(CHECK AT LEAST ONE BOX)
	None of the corporation's shares have been issued.
	The corporation has not commenced business.
FIFTH:	No debt of the corporation remains unpaid.
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
SEVENTH:	Adoption of Dissolution (CHECK ONE)
	A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.	
Signature:  (By a discostor, 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.)	
	(Typed or printed name of person signing)
	President (Title of Person Signing)

Filing Fee: \$35

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims

against this corporation as provided in s. 607.1407, F.S. This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution. Name of Corporation: CARES HOME HEALTH, INC Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution. Description of information that must be included in a claim: ALL DETAILS FOR THE CLAIM Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 14596 SW 95 LANE MIAMI, FL 31386 A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice. GIOVANNI MENA Signature of the Person Filing Printed Name of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00