

PO3000/39773

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JAN 27 PM 2:02

Ps 1/31/06
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:

GIOVANNI MENA

(Name of Contact Person)

at (305) 2162811

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 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.)

GIOVANNI MENA

(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

Printed Name of the Person Filing


Signature of the Person Filing

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