

P04 000001031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

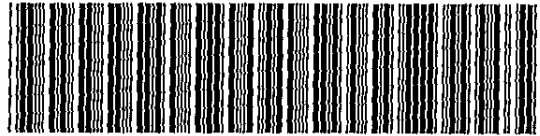
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400054526084

05/25/05--01029--001 **35.00

FILED
05 MAY 25 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/27
dissol

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Loving Angels Home Care Inc

DOCUMENT NUMBER: PD 400000 1081

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

Please return all correspondence concerning this matter to the following:

Tyreasie Exy
(Name of Person)

Loving Angels Home Care
(Name of Firm/Company)

10 Ripley Way
(Address)

Boynton Beach FL 33426
(City/State/ and Zip Code)

For further information concerning this matter, please call:

Tyreasie Exy at (561) 856-9664
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P04000001031

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

Please return all correspondence concerning this matter to the following:

Tyresia Exy
(Name of Person)

Loving Angels Home Care, Inc
(Name of Firm/Company)

10 Ripley Way
(Address)

Boynton Beach FL 33426
(City/State/and Zip Code)

For further information concerning this matter, please call:

Tyresia Exy at (561) 856-9664
(Name of 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, Florida 32314

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

ARTICLES OF DISSOLUTION

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:

Loving Angels Home Care, Inc.

SECOND: The document number of the corporation (if known): P04000001031

THIRD: The file date the articles of incorporation: 12-30-2003

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.

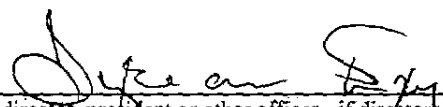
SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 20 day of May

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.)

Tyreasia Exy

(Typed or printed name of person signing)

President

(Title of person signing)

FILED
05 MAY 25 PM 3:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Filing Fee: \$35