

P04000080096

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2005 JAN 24 AM 11:00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

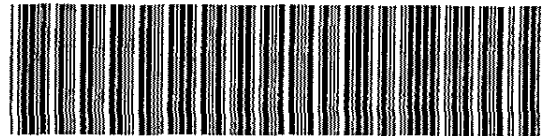
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**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cancel ADULT Home Care Villa / Corporate Dissolut.

**DOCUMENT NUMBER:** PO 40000 80096

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

Please return all correspondence concerning this matter to the following:

ESMERALDA MANUKONDA

(Name of Person)

ADULT HOME CARE VILLA, INC

(Name of Firm/Company)

4760 8TH Ave South

(Address)

St. Petersburg, Florida 33711

(City/State/and Zip Code)

For further information concerning this matter, please call:

John Manukonda

(Name of Person)

at (727) 235-8753

(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 Department of State:

ADULT HOME CARE VILLAGE, INC

SECOND: The document number of the corporation (if known): PO4000080096

THIRD: The file date of the articles of incorporation was: OCT/27/2004

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 21 day of January, 2005.

Signature: Esmeralda Manukonda  
(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.)

ESMERALDA MANUKONDA  
(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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## 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: ADULT Home Care villa, 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:

ADULT Home Care villa, INC for profit is  
in Dissolution, so please dissolve and cancel  
ADULT Home Care villa, INC, and all its entities.  
Thank you.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

ESMERALDA MANUKONDA  
3859 36th Terrace South Apt 9D  
St. Petersburg, Florida  
33711

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.

ESMERALDA MANUKONDA

Printed Name of the Person Filing

Esmeralda Manukonda

Signature of the Person Filing

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