

P04000117840

(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



000174117450

04/06/10---01003--003 **43.75

FILED

2010 APR 26 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS.
TB

APR 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Voluntary Dissolution of Corporation

DOCUMENT NUMBER: P04000117840

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

Please return all correspondence concerning this matter to the following:

Kenneth A Lowe

(Name of Contact Person)

(Firm/Company)

445 SW Dalton Circle

(Address)

PT ST Lucie Florida 34953

(City/State and Zip Code)

For further information concerning this matter, please call:

Kenneth A Lowe

(Name of Contact Person)

at (954) 655 0633

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 9, 2010

KENNETH A LOWE
445 SW DALTON CIR
PORT ST LUCIE, FL 34953

SUBJECT: SENIOR HOME CARE OF PALM BEACH COUNTY, INC.
Ref. Number: P04000117840

We have received your document for SENIOR HOME CARE OF PALM BEACH COUNTY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 010A00008740

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:

Senior Home Care of Palm Beach County, Inc.

SECOND: The document number of the corporation (if known): P04000117840

THIRD: The date dissolution was authorized: 04/20/10

Effective date of dissolution if applicable: _____
(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)

Signature:

Kenneth A Lowe
(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)

Kenneth A Lowe

(Typed or printed name of person signing)

Secretary & Treasurer

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 26 AM 9:55

FILED

Filing Fee: \$35