## P04000/35341

(Re	equestor's Name)	
(Ad	Idress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Document Number)		
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T. LEWIS

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: ARTICLES OF DISSOL	UTION
	<del></del>
DOCUMENT NUMBER: P04000135	341
The enclosed Articles of Dissolution and fee	are submitted for filing.
Please return all correspondence concerning	this matter to the following:
TERESA VAZQUEZ	
	ontact Person)
T & J CARE INC	
	Company)
3450 SEMINOLE AVE	
	iress)
OVIEDO, FL. 32765	
	and Zip Code)
For further information concerning this matter	er, please call:
MS. TERESA VAZQUEZ	at ( 321 ) 274-7251
(Name of Contact 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 & \$\Bigsquare\hspace \bigsquare\hspace \bigsquare\hspace\hspace \bigsquare\hspace \b
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

## 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:
	T & J CARE, INC	
SECOND:	The document number of the corporation (if known): P04000135341	
THIRD:	The date dissolution was authorized: 12/31/2011	
	Effective date of dissolution if applicable: 12/31/2011  (no more than 90 days after dissolution)	n file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)	
	Dissolution was approved by the shareholders. The number of votes cast was sufficient for approval.	for dissolution
	Dissolution was approved by the shareholders through voting groups.	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled
	The number of votes cast for dissolution was sufficient for approval by	12 AF
	100% OF SHAREHOLDERS VOTES	APR 11 PH 3:
	(voting group)	- P
		一种。 3
	Signature: X O on a func	PATE
	(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)	
	TERESA VAZQUEZ	
	(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: T & J CARE, 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:
EXPLANATION OF CLAIM, DATE OF CLAIM,
EXPLANATION OF CHARGES ORIGINATING THE CLAIM
NAME OF CLAIMANT, ADDRESS AND TELEPHONE NUMBER OF
INDIVIDUAUL OR BUSINESS MAKING THE CLAIM. TOTAL AMOUNT
OF CLAIM. AND REFERENCE TO PURCHASE ORDER FOR THE AMOUNT
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  T & J CARE INC
3450 SEMINOLE AVE
OVIEDO, FL. 32765
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.
TERESA VAZQUEZ
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