

P050000086601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

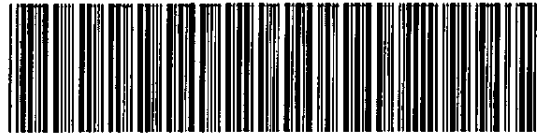
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COUNTY OF STATE
PALM HARBOR FLORIDA

gr 3/2/05

TRANSMITTAL LETTER

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TO: Amendment Section
Division of Corporations

2005 FEB 18 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Care-giver Companion USA Inc

DOCUMENT NUMBER: P 05 000008661

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

Please return all correspondence concerning this matter to the following:

Angela Day
(Name of Person)

Caregiver Companion USA Inc
(Name of Firm/Company)

1456 Dunn Cove Dr
(Address)

Apopka FL 32703
(City/State/and Zip Code)

For further information concerning this matter, please call:

407 Angela Day at (407) 886-1031
(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 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation is Caregiver Companion USA Inc

SECOND: The articles of incorporation were filed on 2/14/05

THIRD: The corporation has not commenced to conduct its affairs.

FOURTH: No debts of the corporation remain unpaid.

FIFTH: Adoption of dissolution (CHECK ONE)

(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:

OR

☒ The dissolution was authorized by an incorporator.

☐ The dissolution was authorized by a majority of the incorporators.

Signed this 2 day of 14, 05

Signature

Angela Day

(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if Directors have not been selected by an incorporator)

Angela Day

(Typed or printed name)

Caregiver Companion USA Inc
(Title)

DEPT OF STATE
TALLAHASSEE FLORIDA

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