

P05000015217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

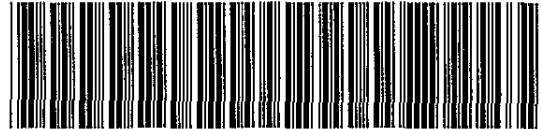
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/16/05--01046--008 **43.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 16 PM 4:15

Volum. Diss.
W/Notice
DC 05/24/05

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Caring Hearts Enterprises, Inc.

DOCUMENT NUMBER: P5000015217

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

Please return all correspondence concerning this matter to the following:

Tara Payne

(Name of Person)

(Name of Firm/Company)

(Address)

(City/State/and Zip Code)

For further information concerning this matter, please call:

Tara Payne

(Name of Person)

at (727) 945-7540

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☒ \$43.75 Filing Fee & ☒ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,
~~Certificate of Status~~ Certified Copy Certificate of Status &
(Additional copy is Certified Copy
enclosed) (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 607.1403, 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:

Caring Hearts Enterprises, Inc.

SECOND: The document number of the corporation (if known): 205000015217

THIRD: The date dissolution was authorized: 5/9/05

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 of 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)

Signed this 9 day of May, 2005

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)

Tara Payne
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAY 16 PM 4:15

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: Caring Hearts Enterprises, 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:

Previous President: Deborah Hannon abandoned
company on 5/4/05, also Depleted company
Bank Account, any claims made by Deborah Hannon
are not known.

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

2435 US Hwy 19 Suite 160
Holaday, Florida 34691

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.

Tara Payne.

Printed Name of the Person Filing

Tara Payne

Signature of the Person Filing

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