

POS000056811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

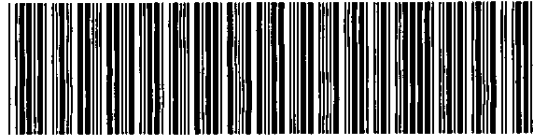
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 18 AM 8:57

FILED

APR 19 2016  
C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** # P05000056811

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

Please return all correspondence concerning this matter to the following:

MARSHA J. ARPS

(Name of Contact Person)

AL Home Health Services Inc.

(Firm/Company)

95540 Fairway Dunes Ct.

(Address)

Bonita Springs FLA. 34135

(City/State and Zip Code)

For further information concerning this matter, please call:

MARSHA ARPS / owner at 239-390-9415 (4)  
PRES. (Name of Contact Person) (Area Code) (Daytime Telephone Number)  
OR 239-348-5371 (C)

Enclosed is a check for the following amount:

EM- Catoes1@coheast.net

- ☒ \$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

## 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:

ALHOME Health Services - INC.

SECOND: The document number of the corporation (if known): #D05000056811

THIRD: The date dissolution was authorized: Today - April 8, 2016

Effective date of dissolution if applicable: Today, April 8, 2016

(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

I am the Sole Shareholder/owner/Pres.  
(voting group)

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)

MARSHA J. APPS

(Typed or printed name of person signing)

President/owner

(Title of person signing)

2015 - Retiring From this Week - M. Apps.

2016 APR 18 AM 8:57  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED

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: A1 Home Health Services 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:

I do Not operate Under this Corp any longer. Have Not all of 2015.  
I Do Not File any Corp. Taxes any longer. I have No accounts  
Receivable and No Accounts Payable. My Business was  
me only - 1 person - No Employees. No Expenses. I was Fee Paid  
for Service Daily. Have Been Retired from this work for 6 mo.  
& No Longer Need this Corporation going forward.

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

25540 Fairway Dunes Ct.  
Bonita Springs FLA 34135

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.

Marsha J. Apps owner/pres.  
Printed Name of the Person Filing

Marsha J. Apps  
Signature of the Person Filing