

P05000057333

\_\_\_\_\_  
(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



000282368910

*Handwritten signature*

02/26/16--01014--023 \*\*52.50

FILED  
16 APR 18 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 19 2016  
A RAMSEY

\*00789, 04104, 04085, 00671

**VER. LETTER**

Amendment Section  
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: P05000057333

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

Please return all correspondence concerning this matter to the following:

MARIA J. BETTO  
(Name of Contact Person)

Southwind Adult Care  
(Firm/Company)

16961 SW 149 Ave,  
(Address)

Miami, FL 33187  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIA J. BETTO at (786) 286-2230 844  
(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 & Certified Copy (Additional copy is enclosed)    ☒ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
- ✓ Already cashed*

**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

March 29, 2016

Maria J. Bello  
Southwind Adult Care Inc  
16961 S.W. 149 Ave.  
Miami, FL 33187

SUBJECT: SOUTHWIND ADULT CARE INC  
Ref. Number: P05000057333

We have received your document for SOUTHWIND ADULT CARE INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 216A00006389

RECEIVED  
16 APR 18 PM 5:52  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

*Southwind Adult Care, Inc.*

SECOND: The document number of the corporation (if known): *705000057333*

THIRD: The file date of the articles of incorporation: *04/18/2005*

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: \_\_\_\_\_

(By a director, president, treasurer, or officer - if director 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.)

(Typed or printed name of person signing)

*MARIA JOLIA BELLO*

(Title of Person Signing)

*MISS (Officer)*

Filing Fee: \$35