

P25000087305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

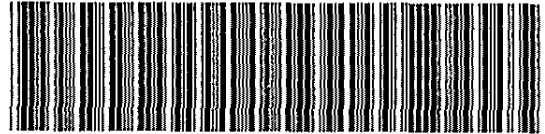
(Business Entity Name)

(Document Number)

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SUBMITTING OFFICE
TALLAHASSEE, FLORIDA

07 MAR 14 AM 7:56

FILED

48

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: To dissolve my corporation

DOCUMENT NUMBER: PO5000087305

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

Please return all correspondence concerning this matter to the following:

Elizabeth Russell
(Name of Contact Person)

PROFESSIONAL CAKE, INC.
(Firm/Company)

1036 meadow View Lane
(Address)

St. Augustine, FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Russell at (904) 874-1130
(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)

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

February 27, 2007

ELIZABETH RUSSELL
1036 MEADOW VIEW LN
ST AUGUSTINE, FL 32092

SUBJECT: PROFESSIONAL CARE, INC.
Ref. Number: P05000087305

We have received your document for PROFESSIONAL CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return the original and one copy of 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) 245-6925.

Cynthia Blalock
Document Specialist
Amendment Section

Letter Number: 107A00014156

ARTICLES OF DISSOLUTION

FILED
07 MAR 14 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓ 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:

PROFESSIONAL CARE, INC.

SECOND: The document number of the corporation (if known): PO5000087305

THIRD: The file date of the articles of incorporation: June 16, 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. Correct

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

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: E. J. Russell

(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.)

ELIZABETH RUSSELL

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35