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2009 APR 30 PH 3: 29

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution of Community Homeca	re Services, Inc.
DOCUMENT NUMBER: P05000124247	
The enclosed Articles of Dissolution and fee are submitted f	for filing.
Please return all correspondence concerning this matter to the	e following:
Stephanie F Strobel	
(Name of Contact Person)	
Community Homecare Services, Inc.	
(Firm/Company)	
20190 SW 75th St	
(Address)	
Dunnellon, Florida 34431	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
	465-9100
(Name of Contact Person) (Area 6	Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓ \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Certified Copy (Additional copenclosed)	Certificate of Status &
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 607.1401, Florida Statutes, this Florida profit corporation subgrits the following: 29

articles of di	ssolution: IALLAHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Community Homecare Services, Inc.
SECOND:	The document number of the corporation (if known): P05000124247
THIRD:	The file date of the articles of incorporation: 09/07/2005
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.
Signa	(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.)
	Stephanie F Strobel
	(Typed or printed name of person signing)
	President (Title of Person Signing)
	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$35