Division of Corporations Public Access System

## **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000112063 3)))



Note: DO NOT hit the REFRES11/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0380

From:

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 Phone .

: (305) 552-5973

Fax Number

(305) 220-1440

## DISSOLUTION OR WITHDRAWAL

SWEET ANGEL HOME HEALTH CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/25/2007 4:46 PM

T. Roberts APR 2 6 2007

FROM 🛓 LAZARUS

## H 0 7 0 0 0 1 1 2 0 6 3

Apr. 25 2007 04:00PM P2

FILED .

SEURE HARY OF STATE

## ARTICLES OF DISSOLUTION OF APR 25 AM 10: 19

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: SECOND: The document number of the corporation (if known): The date dissolution was authorized: THIRD: 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 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) Signature: if directors or officers have not been selected, by iver, trustee, or other court appointed fiduciary, by an incomparator - if in the hands of a that fidnesiry) (Typed or printed name of person signing)

Filing Fee: \$35