

P05000149779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

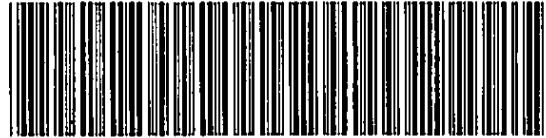
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800310247168

03/16/18--01013--012 **35.00

Filing cancelled
due to returned check

2018 MAR 15 PM 1:50

C. GOLDEN

MAR 16 2018

Filing cancelled
due to returned check

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Agency will Close down: Effected 3/2/18

DOCUMENT NUMBER: P0500149779

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

Please return all correspondence concerning this matter to the following:

Paula Torres
(Name of Contact Person)

Top Quality Home Care Service, Inc.
(Firm/Company)

633 NE 117 street, Suite 603
(Address)

North Miami Beach, Fl. 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Paula Torres at (305-510-4819)
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



Filing cancelled
due to returned check

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2018

PAULA TORRES
633 NE 167 STREET
SUITE 603
NORTH MIAMI BEACH, FL 33162

SUBJECT: TOP QUALITY HOME CARE SERVICES, INC.
Ref. Number: P05000149779

We have received your document for TOP QUALITY HOME CARE SERVICES, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 418A00004473

Filing cancelled
due to returned check

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

2018 MAR 15 PM 4:50

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Top Quality Home Care Services, Inc.

SECOND: The document number of the corporation (if known): P05000149779

THIRD: The date dissolution was authorized: 3/2/2018

Effective date of dissolution if applicable: 3/2/2018

(not 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

Paula Torres

(voting group)

Signature:

Paula Torres

(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)

Paula Torres

(Typed or printed name of person signing)

Owner/Administrator

(Title of person signing)

RECEIVED

18 MAR -5 PM 2:09