P06000073648

, (κε	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
PłCK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	JECT: Dissolution of Corporation	
DOCUMENT NUMBER: _	P06000073648	
The enclosed Articles of Diss	solution and fee are submitted for filing.	
Please return all corresponder	nce concerning this matter to the following:	
	Audra Scott	
	· (Name of Contact Person)	
	Caring From Afar, Inc.	
(Firm/Company)		
735 NW 75th Terrace		
	(Address)	
•	Margate, FL 33063	
	(City/State and Zip Code)	
For further information conce	rning this matter, please call:	
Audra Scot	at (
(Name of Contact I	Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the fo	llowing amount:	
	Filing Fee & \$\begin{array}{c} \$\\$43.75 \text{ Filing Fee & } & \$\begin{array}{c} \$\\$52.50 \text{ Filing Fee,} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MAILING ADDRESS: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Ons Division of Corporations Clifton Building	

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

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:
	Caring From Afar, Inc
SECOND:	The document number of the corporation (if known): P06000073648
THIRD:	The date dissolution was authorized: 03/15/2008
	Effective date of dissolution if applicable: 03/26/2008 (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) ARETARY OF STATE ORIDE Signature:
	(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)
	Audra Scott
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35