

P06000077970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN -9 AM 10:46

JUN 10 2015

T CANNON



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 27, 2015

FRANCES CERICOLA  
806 E WINDWARD WAY #414  
LANTANA, FL 33462 US

SUBJECT: CONCIERGE HOME HEALTH CARE OF THE PALM BEACHES,  
INC.

Ref. Number: P06000077970

We have received your document for CONCIERGE HOME HEALTH CARE OF THE PALM BEACHES, 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):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

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.

Tina D Cannon  
Regulatory Specialist II

Letter Number: 415A00011120

RECEIVED  
15 JUN -9 AM 9:14  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution

**DOCUMENT NUMBER:** PO6000077970

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

Please return all correspondence concerning this matter to the following:

Frances Cercoke  
(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

806 E Woodward way # 414  
(Address)

Lantana FL 33462  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Contact Person) at ( 561 246-9113 )  
(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

## ARTICLES OF DISSOLUTION

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:

Concierge Home Health Care of the Palm Beaches

SECOND: The document number of the corporation (if known): P06000077970

THIRD: The file date of the articles of incorporation: June 6 2006

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.

Signature: \_\_\_\_\_

Frances Cericola

(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.)

Frances Cericola  
(Typed or printed name of person signing)

CEO  
(Title of Person Signing)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JUN -9 AM 10:46

Filing Fee: \$35