

PO 7000051562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

dissolution

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** S.T. Nursing Care Inc.

**DOCUMENT NUMBER:** P07000051562

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

Please return all correspondence concerning this matter to the following:

**SONIA TORREDEMERT**

(Name of Contact Person)

**ST. Nursing Care Inc**

(Firm/Company)

**8902 nw 178 LN**

(Address)

**MIAMI FLORIDA 33018**

(City/State and Zip Code)

For further information concerning this matter, please call:

**SONIA TORREDEMERT** at **( 305 ) 586-3631**

(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 &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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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:

ST. Nursing Care Inc

SECOND: The document number of the corporation (if known): P07000051562

THIRD: The file date of the articles of incorporation: 04/27/2007

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: \_\_\_\_\_

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator, or in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

SONIA TORREDEMERT

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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