

P07000077656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

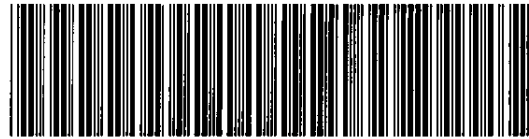
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution for Corporation

DOCUMENT NUMBER: P07000077656

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

Please return all correspondence concerning this matter to the following:

Leonor M. Ferner

(Name of Contact Person)

Alema Home Care, Inc.

(Firm/Company)

1211 ~~2250~~ SW 139 Ave ~~SW 139~~

(Address)

Miami FL ~~33184~~ 33184

(City/State and Zip Code)

For further information concerning this matter, please call:

Leonor M Ferner

(Name of Contact Person)

at (786) 234-1840

(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 32304

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11 SEP 12 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FL 32304



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2011

LEONOR M. FERRER
ALEMAR HOME CARE, INC.
1211 SW 139 AVENUE
MIAMI, FL 33184

SUBJECT: ALEMAR HOME CARE, INC.
Ref. Number: P07000077656

We have received your document for ALEMAR HOME CARE, 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 \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 711A00021154

*Thank you so much.
Leonor - abt*

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:

Alema Home Care, Inc.

SECOND: The document number of the corporation (if known): P07000077656

THIRD: The date dissolution was authorized: April 15, 2011

Effective date of dissolution if applicable: April 15, 2011
(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: _____
(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)

Leonora M. Fennen
(Typed or printed name of person signing)

President
(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE FLORIDA