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	equestor's Name)
(A)	ddress)
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(C	ity/State/Zip/Phone #)
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	> Filing Officer:
	Office Use Only





08/29/13--01015--019 **35.00





COVER LETTER

TO: Amendment Section **Division of Corporations**

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SUBJECT: EXPERTS HOME HEALTH OF BROWARD COUNTY, INC

DOCUMENT NUMBER: P0700081272

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

Please return all correspondence concerning this matter to the following:

JIM SIERRA

(Name of Contact Person)

JIM SIERRA AND ASSOCIATES

(Firm/Company)

5550 SW 87 AVENUE

(Address)

MIAMI, FL 33165

(City/State and Zip Code)

For further information concerning this matter, please call:

JIM SIERRA

(Name of Contact Person)

_{at (}305 271-7310

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status

Certified Copy (Additional copy is enclosed)

Certificate of Status & Certified Copy (Additional copy is enclosed)

STREET ADDRESS:

Amendment Section **Division of Corporations Clifton Building** 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF DISSOLUTION	i	FILED	
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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:

EXPERTS HOME HEALTH OF BROWARD COUNTY, INC

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

THIRD: The file date of the articles of incorporation: 07/17/2007

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.

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- 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 - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)



(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35