

P07000081485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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(Business Entity Name)

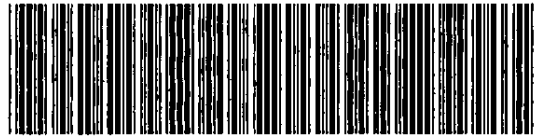
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FILED
2010 MAR 15 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

por
3/17/10



CARLOS PEREZ, ACCOUNTING, LICENSES, NEW

NOTARY PUBLIC, CERTIFICATE OF BOARD - LIC - 50924

Member of the National Notary Association.

1359 SW 1st STREET, MIAMI, FL 33135
PHONE (305)541-8722 FAX (305)541-6940
email : carlosperezservice@yahoo.com

Miami, March 12, 2010

TO : FLORIDA DEPT. OF STATE
DIVISION OF CORPORATIONS

SUBJECT: ABL HEALTH CARE, CORP.
REF: P07000081485

Dear,

Enclosed please find above reference ARTICLES OF DISSOLUTION and CK-3199 for \$43.75
DOLLARS.

If you have any questions concerning this document, please call our office.

Sincerely,

A handwritten signature in black ink, appearing to be 'CP' or 'Carlos Perez', written over the printed name.

CARLOS PEREZ

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABL HEALTH CARE, CORP

DOCUMENT NUMBER: P07000081485

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

CARLOS PEREZ SERVICE, CORP.

(Firm/Company)

1359 SW 1st STREET

(Address)

MIAMI, FL 33135

(City/State and Zip Code)

For further information concerning this matter, please call:

BETSAIDYS EIMIL

(Name of Contact Person)

at (305) 343-5922

(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 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

A B L. HEALTH CARE, CORP

SECOND: The document number of the corporation (if known): P07000081485

THIRD: The date dissolution was authorized: 12/31/2009

Effective date of dissolution if applicable: 01/31/2010

(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)

BETSAIDYS EIMIL

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35