

P07000110889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

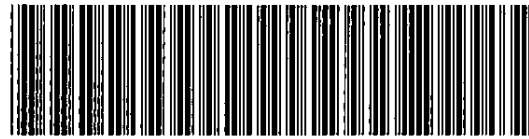
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/17/11--01011--003 \*\*35.00

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 AUG 17 AM 9:36

Any Docs  
w/notice  
@ 8/19/11

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PROFIT CORPORATION DISSOLUTION

DOCUMENT NUMBER: P07000110889

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

Please return all correspondence concerning this matter to the following:

CECILIA GONZALEZ

(Name of Contact Person)

CRISTIE'S HOME HEALTH SERVICES INC.

(Firm/Company)

17493 S.W. 47 ST.

(Address)

MIRAMAN. FL. 33029

(City/State and Zip Code)

For further information concerning this matter, please call:

JORGE PEZARZ at (305) 8967827

(Name of Contact Person)

(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:  
CRISTIE'S HOME HEALTH SERVICES INC.

SECOND: The document number of the corporation (if known): P07000110889

THIRD: The file date of the articles of incorporation: 10/2/2007

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: *Cecilia Gonzalez*

(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.)

CECILIA GONZALEZ  
(Typed or printed name of person signing)

PRESIDENT  
(Title of Person Signing)

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
11 AUG 17 AM 9:36

Filing Fee: \$35

**Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: CRISTIE'S HOME HEALTH SERVICES INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

SUPPORTING DOCUMENTS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

17493 SW 47- COURT  
MIRAMAR FL 33029  
\_\_\_\_\_  
\_\_\_\_\_

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Cecilia Gonzalez  
Printed Name of the Person Filing

Cecilia Gonzalez  
Signature of the Person Filing