Po7000123827

(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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SECRETARY OF STATE

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COVER LETTER

Division of Corporations	
SUBJECT: Corporate Dissoluti	δV1
DOCUMENT NUMBER: P070001935	327
The enclosed Articles of Dissolution and fee are su	bmitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Nancy McCarthy (Name of Contact I	Person)
Mans Senior Care (Firm/Compa	nvV
Send via E-Mail npgm (Address)	icc ayahoo.com
(City/State and Zi	
For further information concerning this matter, please	•
Name of Contact Person) at ((Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
-	ied Copy Certificate of Status & Certified Copy
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

FILED

ARTICLES OF DISSOLUTION

2009 JUL 30 PH 4: 11

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation satisfies following Earticles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Naus Senior Care Co.
SECOND:	The document number of the corporation (if known): P07000123827
THIRD:	The file date of the articles of incorporation:
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.
Signa	(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 agreeised fiduciary, by that fiduciary
	in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) Advisory Management of person signing) President (Title of Person Signing)

Filing Fee: \$35