

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000117056 3)))



Note: DO NOT bit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

### DISSOLUTION OR WITHDRAWAL ALL 1 STAR HOME HEALTH CARE INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## FILED

### 2011 APR 28 PM 2: 41

# ARTICLES OF DISSOLUTE SRETARY OF STATE TALL AHASSEE, FLORID

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

m ticles of d	PROTATION:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ALL 1 STAR HOME HEALTH CARE INC
SECOND:	The document number of the corporation (if known): P08000001082
THIRD:	The file date of the articles of incorporation: 01-03-2008
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.
Sign	(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, busines, or other court appointed fiduciary, by that fiduciary.)
,	
	XENIA ARXER
	(Typed or printed pame of person signing)
	PD
	(Title of Person Signing)

Filing Fee