

P080000065547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

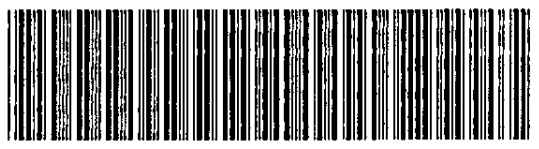
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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less with notice

05/04/11--01018--009 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 MAY 31 PM 3:00

FILED

ASR
5/31/11

#00789, 04522, 00612, 00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2011

Micheline A. Clement
Transit Medicare, Inc.
4813 SW 24th Place
Cape Coral, FL 33914

SUBJECT: TRANSIT MEDCARE, INC.
Ref. Number: P08000065547

We have received your document for TRANSIT MEDCARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution cannot be filed for an active Florida corporation. If you are trying to voluntarily dissolve the corporation enclosed is information on filing Articles of Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 011A00011766

RECEIVED
11 MAY 31 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TRANSIT MEDCARE, Inc

DOCUMENT NUMBER: P08000065547

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

Please return all correspondence concerning this matter to the following:

Micheline A CLEMENT
(Name of Contact Person)

(Firm/Company)

4813 SW 24TH PLACE
(Address)

CAPE CORAL, FL 33914
(City/State and Zip Code)

For further information concerning this matter, please call:

Micheline A Clement at (239) 357-7840
(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

Florida department of state
Division of corporations

letter number: 011a00011766

To Annette Ramsey

I attempt to call you at 850-245-6907 but the line keep disconnecting after I reach your service. I was not sure if I had to file all the form you send me. Let me know if I have to do more I know the check was already cash. I will be on vacation in canada from mid june till july in case you need to reach me.

Thanks in advance for the support

 05/27/2011

Micheline a Clement
239-357-7840

FILED

ARTICLES OF DISSOLUTION

2011 MAY 31 PM 3:00

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

TRANSIT MEDCARE, INC

SECOND: The document number of the corporation (if known): 008000065547

THIRD: The file date of the articles of incorporation: 05/02/2011

FOURTH: (CHECK AT LEAST ONE BOX)

- [X] 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)

- [X] A majority of the incorporators authorized the dissolution.
[] A majority of the directors authorized the dissolution.

Signature: [Handwritten 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.)

Micheline A Clement
(Typed or printed name of person signing)

President
(Title of Person Signing)

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: Transit Medicare, 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:

Business is closed

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

4813 SW 24th place

Cape Coral, FL

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.

Micheline AClement

Printed Name of the Person Filing

Micheline AClement

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00