P08000066817

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Cı	ty/State/Zip/Phone #)	·
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies		Status
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Special Instructions to	Filing Officer:	

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SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2009

BERNARDO RODRIGUEZ B&V HOME HEALTH, INC. 689 WEST 33 ST HIALEAH, FL 33012

SUBJECT: B&V HOME HEALTH, INC.

Ref. Number: P08000066817

We have received your document for B&V HOME HEALTH, 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 709A00019256

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SECRETARY OF STATE TALLIAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Dissolution of B&V Hom	e Health, Inc.	
DOCUMENT NUMBER: P080000668	317	<u> </u>
The enclosed Articles of Dissolution and fee	e are submitted fo	or filing.
Please return all correspondence concerning	this matter to the	following:
Bernardo Rodriguez-		
(Name of C	ontact Person)	
B&V Home Health, Inc.		
(Firm/	(Company)	
689 West 33 Street		
(Add	dress)	
Hialeah, Florida 33012		
(City/State	and Zip Code)	
For further information concerning this matte	er, please call:	
Bernardo Rodriguez	at (_305	
(Name of Contact Person)	(Area C	ode & Daytime Telephone Number)
Enclosed is a check for the following amount	t:	
▼\$35 Filing Fee ■\$43.75 Filing Fee & □ Certificate of Status	\$43.75 Filing F Certified Copy (Additional copy enclosed)	Certificate of Status &
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:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	B&V Home Health, Inc.
SECOND:	The document number of the corporation (if known): P08000066817
THIRD:	The date dissolution was authorized: 05/01/2009
	Effective date of dissolution if applicable: 05/01/2009 (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 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: Signature:
	(By a thicky, precident 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)
	Bernardo Rodriguez
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35