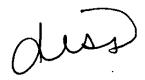
P08000089062

(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:
·

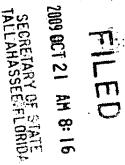
Office Use Only



600161217526



10/06/09--01024--019 **52.50



NOP 10/22/09

X0078 00686

COVER LETTER

TO: Amendment Section

Divisian of Corporations	
SUBJECT: Dissolution of Corporation	
DOCUMENT NUMBER: P08000089062	
The enclosed Articles of Dissolution and fee are s	submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Hermavathie R Pillay	
(Name of Contact	t Person)
Angels Best care Home Health,Inc.	
(Firm/Comp	pany)
2601 NE 51st Street	
(Address)	
Lighthouse Point, Florida 33064	,
(City/State and Z	Zip Code)
For further information concerning this matter, ple	ase call:
Hermavathie R Pillay	479-1992
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status Cert (Add	.75 Filing Fee & \$\sumsymbol{\subset}\$\$\$ \$52.50 Filing Fee, ified Copy itional copy is 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

October 8, 2009

Hermavathie R. Pillay
Angels Best Care Home Health, Inc.
2601 NE 51st Street
Lighthouse Point, FL 33064

SUBJECT: ANGELS BEST CARE HOME HEALTH ,INC.

Ref. Number: P08000089062

Upon receipt of your letter and/or check(s) totaling \$52.50, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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: 309A00032542

FILED

ARTICLES OF DISSOLUTION

2009 OCT 21 AM 8: 16

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation section following TALLAHASSEE/FLORIDA

FIRST:	FIRST: The name of the corporation as currently filed with the Florida Department of State:	
	Angels Best care Home Health,Inc.	
SECOND:	The document number of the corporation (if known): P08000089062	
THIRD:	The file date of the articles of incorporation: 10/01/2008	
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.		
Signature: (By artifector/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.)		
	Hermavathie R Pillay	
(Typed or printed name of person signing)		
Vice president		
	(Title of Person Signing)	

Filing Fee: \$35