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Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOlution of Cor	poration	
DOCUMENT NUMBER: P090000225	552	
The enclosed Articles of Dissolution and fee are submitted for	or filing.	
Please return all correspondence concerning this matter to the	following:	
Raywatte Sooklall (Name of Contact Person)		
(Name of Contact Person)		
Nursing Resources Inc (Firm/Company)		
9065 New Hope Court (Address)		
(Address)		
Royal Palm Beach, FC 33411 (City/State and Zip Code)		
(City/State and Zip Code)	**************************************	
For further information concerning this matter, please call:		
Raywathe Spoklall at (561) (Name of Contact Person) (Area C	) 792 5140 Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\times \$\text{\$43.75 Filing Fee & }\times \$\text{\$43.75 Filing Fee & }\text{\$Certified Copy }\text{\$(Additional copy enclosed)}\$	Certificate of Status &	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:
	Nursing Resources Inc
SECOND:	The document number of the corporation (if known): P09 0000 22 55 2
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.
	FI ORIUS.
Sign	ature:  (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.)  Raywathe Sooklall  (Typed or printed name of person signing)
	(Title of Person Signing)
	( ) title or i erson rifering)

Filing Fee: \$35