

P09000043083

Maritza J. Ruano

(Requestor's Name)

17815 NW 55 Ct.

(Address)

Miami, FL 33055

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

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3/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORAL WAY REHABILITATION SERVICES INC

DOCUMENT NUMBER: P09000043083

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

Please return all correspondence concerning this matter to the following:

MARITZA RUANO

(Name of Contact Person)

(Firm/Company)

17815 NW 55TH CT

(Address)

MIAMI, FL 33055

(City/State and Zip Code)

For further information concerning this matter, please call:

MARITZA RUANO

(Name of Contact Person)

at (305) 877-7791

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35.00 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

RECEIVED

11 MAR -2 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 7, 2011

RE: Closing of Corporation

To Whom It May Concern:

This is the check I miss to send. Thank You, for your fast service.

If you should need further information, please do not hesitate to contact me.

Sincerely,

Maritza J. Ruano



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2011

MARITZA J. RUANO
17815 NW 55 COURT
MIAMI, FL 33055

SUBJECT: CORAL WAY REHABILITATION SERVICES INC
Ref. Number: P09000043083

This will acknowledge receipt of your correspondence which is being returned for the following reason(s):

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 611A00005311

CORAL WAY REHABILITATION SERVICES INC.

DOCUMENT # P09000043083

To whom It May Concern:

I Maritza Ruano acting as President of Coral Way Rehabilitation Services Inc. as of today February 28, 2011 resign as President of this corporation. My return address is 17815 NW 55 Court. Miami Fl 33055.

I would like to close or dissolve the corporation and my name no longer active in this corporation.

If you should need further information, please contact me at 305-877-7791.

Thank You, Sincerely,



Maritza J. Ruano

PP/ IF THERE is A charge please can you let me know. there is a note that says NO charge IF ARTICLE OF dissolution is included.

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:

CORAL WAY REHABILITATION SERVICES INC

SECOND: The document number of the corporation (if known): P09000043083

THIRD: The file date of the articles of incorporation: 05/14/2009

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

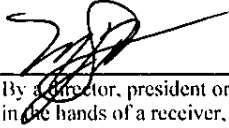
FIFTH: No debt of the corporation remains unpaid.

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 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.)

MARITZA RUANO

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
2011 MAR 14 A 8:08
SECRETARY OF STATE
PALM BEACH, FLORIDA