

PO9000090818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

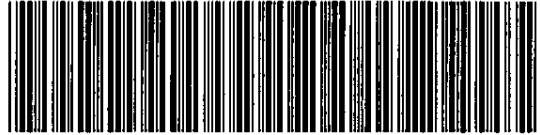
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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12/21/09--01074--007 \*\*43.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 13 PM 4:05

FILED

*Valid  
w/Notice*

~~RECEIVED~~ JAN 13 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P09000090818

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

Please return all correspondence concerning this matter to the following:

ARTHUR JASON GONZALEZ

(Name of Contact Person)

WESTLAND HOMECARE SERVICES, INC.

(Firm/Company)

8700 W. FLAGLER STREET SUITE#315

(Address)

MIAMI FL 33174

(City/State and Zip Code)

For further information concerning this matter, please call:

ARTHUR GONZALEZ

(Name of Contact Person)

at ( 305 ) 220-9151

(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

December 29, 2009

ARTHUR JASON GONZALEZ  
8700 W. FLAGLER ST.  
SUITE #315  
MIAMI, FL 33174

SUBJECT: WESTLAND HOMECARE SERVICES, INC.  
Ref. Number: P09000090818

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state that a majority of the incorporators or directors authorized the 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) 245-6906.

Darlene Connell  
Regulatory Specialist II

Letter Number: 809A00039413

RECEIVED  
2010 JAN 13 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

WESTLAND HOMECARE SERVICES, INC.

SECOND: The document number of the corporation (if known): P09000090818

THIRD: The file date of the articles of incorporation: 11/03/2009

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.G. ☒ ~~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.)

ARTHUR J. GONZALEZ

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

**Filing Fee: \$35**

FILED  
10 JAN 13 PM 4:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: WESTLAND HOMECARE SERVICES, 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:

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

8700 W. FLAGLER STREET

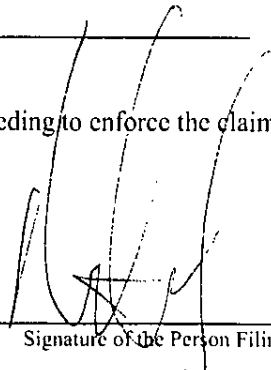
SUITE # 315

MIAMI, FL 33174

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.

ARTHUR GONZALEZ

Printed Name of the Person Filing

  
Signature of the Person Filing

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