

P10000088864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11-8-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EXCELLENT ADULT DAY CARE, INC

DOCUMENT NUMBER: P1000008864

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

Please return all correspondence concerning this matter to the following:

ARMANDO R GONZALEZ - DIAZ

(Name of Contact Person)

EXCELLENT ADULT DAY CARE, INC

(Firm/Company)

4190 SW 137 TH CT

(Address)

MIAMI, FL 33175

(City/State and Zip Code)

For further information concerning this matter, please call:

ARMANDO GONZALEZ

(Name of Contact Person)

at (305) 316-1800

(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

October 25, 2011

ARMANDO GONZALEZ-DIAZ
4190 SW 137TH CT
MIAMI, FL 33175

SUBJECT: EXCELLENT ADULT DAY CARE, INC.
Ref. Number: P10000088864

We have received your document for EXCELLENT ADULT DAY CARE, 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 611A00024373

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:

EXCELLENT ADULT DAY CARE, INC.

SECOND: The document number of the corporation (if known): P10000088864

THIRD: The date dissolution was authorized: 9/01/11

Effective date of dissolution if applicable: 9/01/11
(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 dissolution was sufficient for approval.

☐ Dissolution was approved by of 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: ✓

(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)

ARMANDO R GONZALEZ-DIAZ

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Filing Fee: \$35