P11000020579

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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MAINASSEE, FLORIDA

JAN 0 2 2012 T. ROBERTS

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION OF CORPORATION		
DOCUMENT NUMBER: P11000020579		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Cheryl A. Buettin		
(Name of Contact Person)		
Home Sweet Home Health Care Inc.		
(Firm/Company)		
1834 Toucan Way #1302		
(Address)		
Sarasota, FL 34232		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Cheryl A. Buettin at (941) 323-2181		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\simeg \\$43.75 Filing Fee & Certificate of Status \$\simeg \\$Certificate of Sta		
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		

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: Home Sweet Home Health Care, Inc.		
SECOND:	The document number of the corporation (if known): P11000020579		
THIRD:	The date dissolution was authorized: 12-14-12		
	Effective date of dissolution <u>if applicable</u> : 12-31-12 (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 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 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)		
	Cheryl A. Buettin		
	(Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35