P11000045241

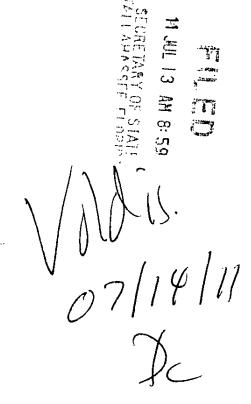
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COVER LETTER

TO: Amendment Section

Division of Corporations	
subject: Dissolution of a Corps	oration
DOCUMENT NUMBER: PI 0000 45241	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Chantal Schauron (Name of Contact Person)	
Caring Hands Assisted Living Facility (Firm/Company)	4
(Firm/Company)	
1034 Morgan Circle	
(riddiess)	
Palm Bay, FL 32905	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Chartal Schauron at (347) 785-3	
(Name of Contact Person) (Area Code & Daytime	Telephone Number)
Enclosed is a check for the following amount:	
(Additional copy is Certification Certificat	cate of Status & ed Copy ional copy is
MAILING ADDRESS:STREET ADDITIONAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 ExecutiveTallahassee, FlTallahassee, Fl	ection rporations ng e Center Circle

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

The name of the corporation as currently filed with the Florida Department of State:
Caring Hands Assisted Living Facility) Inc.
The document number of the corporation (if known): P11000045241
The file date of the articles of incorporation: $\frac{5/9/11}{}$
(CHECK AT LEAST ONE BOX)
None of the corporation's shares have been issued.
The corporation has not commenced business. $\frac{35}{2}$
No debt of the corporation remains unpaid.
The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.
Adoption of Dissolution (CHECK ONE)
A majority of the incorporators authorized the dissolution.
A majority of the directors authorized the dissolution.
(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.) (Typed or printed name of person signing) (Typed or PRES. (Title of Person Signing)

Filing Fee: \$35