## P11000095844

(Requestor's Name)			
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
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(Bu:	siness Entity Nan	ne)	
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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Dissolution of CARING CONSUBJECT:	MPANION SERVICES CORP.			
P1100009584 DOCUMENT NUMBER:	14			
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Corazon C. Sanders				
(Name of C	Contact Person)			
Caring Companion Services Corp.				
(Firm	n/Company)			
5114 Creekside Trail				
(Ac	ldress)			
Sarasota, FL 34243				
(City/Stat	e and Zip Code)			
For further information concerning this mat	ter, please call:			
Oldand 150				
Corazon C. Sanders	941 358-8359 at ( )			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amoun	nt:			
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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	STREET ADDRESS: Amendment Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 dissolutio	14 MAR -6 AM ID: 25
FIRST:	SECRE FARY OF STATE The name of the corporation as currently filed with the Florida Department State CARING COMPANION SERVICES CORP.
	P11000095844
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:
	December 31, 2013  Effective date of dissolution if applicable:
	(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
	100% Shareholder
	(voting group)
9	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)
	Corazon C. Sanders
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35

## **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 Corpo	CARING COMPANION SERVICE ration:	CES CORP.
	ion will be the date the dissolution is filed wi Articles of Dissolution.	th the Department of State or as
Description of i	nformation that must be included in a claim:	
The Incorpor	ator and 100% Shareholder of Caring	Companion Services voted on
December 1	5, 2013 to dissolve the company (Cari	ng Companion Services Corp)
effective Dec	cember 31, 2013.	
Mailing address	s where claims can be sent: (Claims cannot be	e sent to the Division of Corporations)
	Corazon C. Sanders	
	5114 Creekside Trail	SST. 6
	Sarasota, FL 34243	
		AN IO: 25
	the above named corporation will be barred of the filing of this notice.	unless a proceeding to enforce the claim is commenced
Corazon C. S	Sanders	O Handlest
	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