

P/30000/5670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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15 JUL 27 AM 11:10

JUL 28 2015

T CANNON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 14, 2015

JOSE R. SEGURA *****2ND MAILING*****
HOUSE CARE ENTERPRISES INC
6195 ROCK ISLAND R APT 105
TAMARAC, FL 33319 US

SUBJECT: HOUSE CARE ENTERPRISES INC.
Ref. Number: P13000015670

We have received your document for HOUSE CARE ENTERPRISES 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):

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

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) 245-6050.

Tina D Cannon
Regulatory Specialist II

Letter Number: 615A00013500



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 26, 2015

JOSE R. SEGURA
HOUSE CARE ENTERPRISES INC
6195 ROCK ISLAND R APT 15
TAMARAC, FL 33319 US

SUBJECT: HOUSE CARE ENTERPRISES INC.
Ref. Number: P13000015670

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Tina D Cannon
Regulatory Specialist II

Letter Number: 615A00013500

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HOUSE CARE ENTERPRISES INC

DOCUMENT NUMBER: P13000015670

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

Please return all correspondence concerning this matter to the following:

JOSE R SEGURA

(Name of Contact Person)

HOUSE CARE ENTERPRISES INC

(Firm/Company)

6195 ROCK ISLAND R APT 105

(Address)

TAMARAC, FL 33319

(City/State and Zip Code)

For further information concerning this matter, please call:

JOSE R SEGURA

at

407-967-0419

(Name of Contact Person)

(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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:

HOUSE CARE ENTERPRISES INC

SECOND: The document number of the corporation (if known): P13000015670

THIRD: The date dissolution was authorized: 06/01/2015

Effective date of dissolution if applicable: 06/01/2015

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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)

JOSE R SEGURA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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