Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : ALLSTATE MEDICAL CONSULTING, INC.

Account Number : I20110000067 : (786)362-0124 Phone

Fax Number : (786)620-2583

DISSOLUTION OR WITHDRAWAL ANGEL'S HANDS BY LIZ CORP

Certificate of Status	0
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Estimated Charge	\$35.00

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Corporate Filing Menu

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5/13/2015

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 Sta	ate:	
	ANGEL'S HANDS BY LIZ CO	RP	_
SECOND:	The document number of the corporation (if known): P1300003	214	9
THIRD:	The date dissolution was authorized: 03 01 2015		
•	Effective date of dissolution if applicable: (no more than 90 days after dissolution file d	late)	
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, not be listed as the document's effective date on the Department of State's records.	, this date	will
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cast for was sufficient for approval.	dissoluti	on
	☐ Dissolution was approved by the shareholders through voting groups.		
	The following statement must be separately provided for each voting group entitl to vote separately on the plan to dissolve:	'ed	
	The number of votes cast for dissolution was sufficient for approval by		
	Lizy. Jimenez		<u> </u>
	(voting group)	TA CAN	
		13	
	0.0.0	F. 9	#: - #:
· ·	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator of in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	9:51	- '
	Liz H JiHeNcz (Typed or printed name of person signing)		_
	PRESIDENT		
	(Title of person signing)		-

S ...