

P14 000013731

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

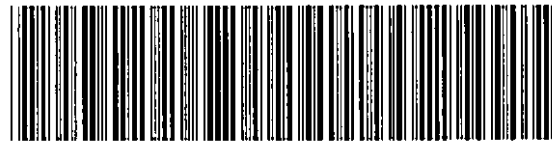
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/23/19--01026--010 \*\*25.00

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2020 1223 9:12

R. WHITE

JAN 28 2020



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2020

MS. SARAH SYLVESTER NOEL  
923 SW 74TH AVE  
NORT LAUDERDALE, FL 33068

SUBJECT: TREVESTER CARE INC  
Ref. Number: P14000013731

We have received your document for TREVESTER CARE INC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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.

Rebekah White  
Regulatory Specialist II Supervisor

Letter Number: 320A00000396

2020 JAN 17 PM 12:00

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolve Company

**DOCUMENT NUMBER:** P14000013731

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

Please return all correspondence concerning this matter to the following:

Sarah Sylvestre- Noel  
(Name of Contact Person)

Trevestre Cane Inc  
(Firm/Company)

923 SW 74th Avenue  
(Address)

North Lauderdale FL 33068  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Sylvestre- Noel at (954) 597-9530  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF DISSOLUTION

2020 DEC 23 PM 9:12

Pursuant to section 607.1401, 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:  
Trevester Care Inc
- SECOND: The document number of the corporation (if known): P14000013731
- THIRD: The file date of the articles of incorporation: FEB 2014
- FOURTH: None of the corporation's shares have been issued.
- FIFTH: No debt of the corporation remains unpaid.
- SIXTH: The net assets of the corporation remaining after winding up, if any, have been distributed to the shareholders, if shares were issued.
- SEVENTH: A majority of the incorporators or directors authorized the dissolution.

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.)

Sarah Sylvester-Noel

(Type or printed name of person signing)

Secretary

(Title of Person Signing)

Filing Fee: \$35