

PI4000015600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

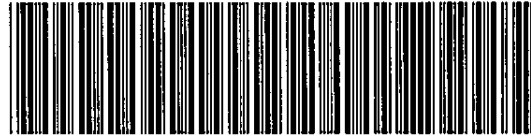
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Shanna Fowler gave authorization
to add corporate address to
Notice of Corporate dissolution.

Office Use Only



200256848362

03/07/14--01030--007 **35.00

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RETURNED CHECK

FILED
14 MAR -3 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P14000015600

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

Please return all correspondence concerning this matter to the following:

Moise Anglade

(Name of Contact Person)

Elite Community Health Care Center Inc

(Firm/Company)

9785 Hindel Ct

(Address)

Boynton Beach, FL 33440-2704

(City/State and Zip Code)

For further information concerning this matter, please call:

Shana Fowler

(Name of Contact Person)

at (**561**) **502-4854**

(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

FILED
14 MAR -3 PM 2:29
TALLAHASSEE, FL 32301
SECRETARY OF STATE

**FILING CANCELLED
RETURNED CHECK
ARTICLES OF DISSOLUTION**

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:

Elite Community Health Care Center Inc

SECOND: The document number of the corporation (if known): P14000015600

THIRD: The file date of the articles of incorporation: 02/18/2014

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the 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.)

MOISE ANGLADE

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

FILED
14 MAR -3 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35

Notice of Corporate Dissolution

**FILING CANCELLED
RETURNED CHECK**

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 Corporation: Elite Community Health Care Center Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

Elite Community Health Care Center Inc will never revoke this
dissolution.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Elite Community Health Care Center Inc

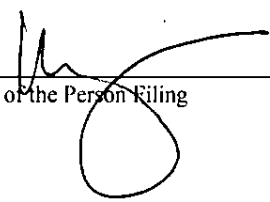
9785 Hindel Ct

Boynton Beach, FL 33442-2704

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MOISE ANGELAIDE

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