

Florida Department of State

Division of Corporations

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To:

Division of Corporations
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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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DISSOLUTION OR WITHDRAWAL

CABALLERO NURSING CARE, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

S. TALLENT
APR 09 2019

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SECRETARY OF STATE
TALLERMAN, FL

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VLD

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:
CABALLERO NURSING CARE, INC
- SECOND: The document number of the corporation (if known): P180000 69932
- THIRD: The date dissolution was authorized: 4-8-19
- 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

(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)

MIRTHA VIOLETA NEGRIN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)