

P19000038586

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 MAY 10 AM 10:47  
TALLAHASSEE, FL

2021-2 2021  
C Kinsey



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2021 MAY 10 AM 11:47

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRET  
TALLAHASSEE, FL

April 21, 2021

CARING PARTNERS, INC  
1909 TYLER ST  
SUITE 602  
HOLLYWOOD, FL 33020

SUBJECT: CARING PARTNERS, INC  
Ref. Number: P19000038586

We have received your document for CARING PARTNERS, INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

You failed to make the correction(s) requested in our previous letter.

If you are wanting to dissolve the business, you will need to file Articles of Dissolution. The fee to file a Dissolution is \$35.00 for a Corporation. Please complete the enclosed dissolution form. The document submitted cannot be filed to dissolve a business.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 421A00008172

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Closing Corporation - never used it.

**DOCUMENT NUMBER:** 9190000-38-58-6

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

Please return all correspondence concerning this matter to the following:

Dale E. Davidson, Pres.  
Linda Makol Davidson

\_\_\_\_\_  
(Name of Contact Person)

Caring Partners, Inc/

\_\_\_\_\_  
(Firm/Company)

1909 Tyler St - Suite 602

\_\_\_\_\_  
(Address)

Hollywood, FL 33020

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Makol Davidson at 954-929-7747  
(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

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:

Caring Partners, Inc

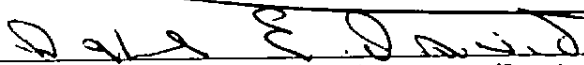
SECOND: The document number of the corporation (if known): P19000038586

THIRD: The date dissolution was authorized: 2018-19 never used it

Effective date of dissolution if applicable: 2018-19 never used it  
(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.

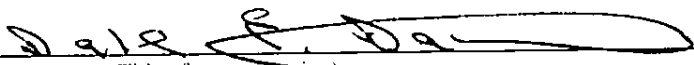
FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Dale E. Davidson, Pres.

(Typed or printed name of person signing)

  
(Title of person signing)

Filing Fee: \$35

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