

P21 000005973

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

Account Name : LICENSEPRO, LLC.
Account Number : 120220000029
Phone : (718)338-6300
Fax Number : (347)710-1969

DISSOLUTION OR WITHDRAWAL
ALLSTAR HOME HEALTH OF FL, INC.

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$52.50

APR 17 11:51:13

2023 APR 17 PM 4:32

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: P21000005973

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

Please return all correspondence concerning this matter to the following:

Marina Rabinovich

(Name of Contact Person)

ALLSTAR HOME HEALTH OF FL, INC.

(Firm/Company)

18201 COLLINS AVENUE, Unit 4904

(Address)

SUNNY ISLES BEACH, FL. US 33160

(City/State and Zip Code)

For further information concerning this matter, please call:

Luiza Amram

(Name of Contact Person)

at (718) 338-6300

(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:

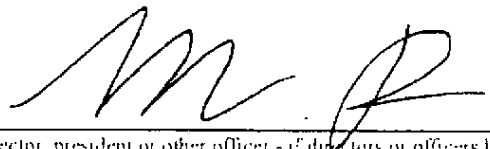
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

17 11:51:13

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.
ALLSTAR HOME HEALTH OF FL, INC.
- SECOND: The document number of the corporation (if known) P21000005973
- THIRD: The file date of the articles of incorporation: 01/12/2021
- 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)

Marina Rabinovich

(Typed or printed name of person signing)

President

(Title of Person Signing)

Filing Fee: \$35

To:

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2023-04-17 19:04:20 GMT

From: LicensePro LLC

Notice of Corporate Dissolution

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: ALLSTAR HOME HEALTH OF FL, INC

The above named corporation is the subject of dissolution and the effective date of a dissolution is: 04/14/2023

(date filed with the Dept. of date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

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

251 E 5th Street, Unit 1

Brooklyn, NY 11218

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.

Marina Rabinovich

Printed Name of the Person Filing


Signature of the Person Filing