# P23000083852

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Dissol	ution	<u> </u>			
DOCUMENT NU	P23000083852 JMBER:		3 de la	20	
The enclosed Arti	cles of Dissolution and fo	ee are submitted for filing	17.7 14.7 14.7	2024 APR -2	_1J
Please return all co	orrespondence concerning	g this matter to the follow	ing:	-2 PM	
Jamika fey				1 2: 3 3	
	(Name of	Contact Person)		9	
South florida nursing	g services				
	(Fim	1/Company)		<del></del>	
10123 sw 51st St					
	(A	ddress)		. <u>.</u>	
Cooper city fl					
	(City/Sta	te and Zip Code)	<u></u>		
For further inform	ation concerning this mat	ter, please call:			
Jamika fey	_	954 625 9623 at (			
(Name	of Contact Person)	(Area Code)	(Daytime Telephone	Num	iber)
Enclosed is a chec	k for the following amou	nt:			
□ \$35 Filing Fee	☐ \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing For Certificate of State Certified Copy (Additional copy enclosed)	us &	
Mailieu Addus	we.	Étran	t Address:		

## 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:  SOUTH FLORIDA NURSING SERVICES INC
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized:  April 2nd 2024
	Effective date of dissolution if applicable:  April 2nd 2024  (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: Sel attached  (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)
	Jamika Fey
	(Typed or printed name of person signing)
	CEO
	(Title of person signing)

Filing Fee: \$35

	,
	ARTICLES OF DISSOLUTION
Pursuant 6	o section 607,1403. Florida Statutes, this Florida profit corporation submits the following article
of dissolut	ion;
FORST:	The name of the name of
	The name of the corporation as currently filed with the Florida Department of State;
	- SUCKTI Torida Nursing Service
SECOND:	The document number of the corporation (if known): P2300083
THIRD:	The date dissolution was authorized: APr. 1 201 2024
	Effective date of dissolution if applicable: APA 2nd 2024
	Note: If the date inserted in this block does not meet the applicable statutor filing requirements, this date not be listed as the document's effective date on the Department of State's records.
OURTH:	Dissolution was approved by the shareholders, in the manual and it is a
	the articles of incorporation.
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