

P97000059880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

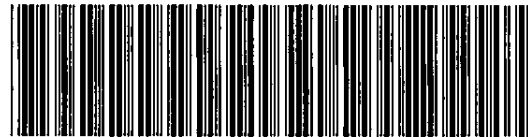
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100074797501

05/23/06--01004--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 23 PM 12:48

VB/dis

VB
5/30

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LTC WORKS FOR YOU, INC

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

BETTY BURSZTYN
(Name of Contact Person)

LTC WORKS FOR YOU, INC.
(Firm/Company)

17790 NE 9th Place
(Address)

N. Miami Beach, Florida 33162
(City/State and Zip Code)

For further information concerning this matter, please call:

Betty BursztyN at (305) 798-5102
(Name of Contact Person) (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

*Fictitious
NAME*

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:

LTC Works For You, Inc.

SECOND: The document number of the corporation (if known): PA97000059880

THIRD: The date dissolution was authorized: 12-31-05

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: _____

Betty Burszyn
(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)

Betty Burszyn
(Typed or printed name of person signing)

Vice President
(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 23 PM 12:48