

P97000108554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

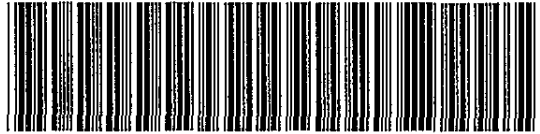
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500041791515

11/03/04--01053--003 **35.00

FILED
04 NOV -3 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/12/04
Diss. w/notice
ef

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: P97000108554

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

Please return all correspondence concerning this matter to the following:

Ezra Walters
(Name of Person)

Loving Home Care Center, Inc.
(Name of Firm/Company)

23279 Hainlin Ave
(Address)

Port Charlotte, FL 33980
(City/State/and Zip Code)

For further information concerning this matter, please call:

Ezra Walters at (941) 766-1676
(Name of 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, Florida 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

Loving Homecare Center, Inc.

SECOND: The document number of the corporation (if known): P97000108554

THIRD: The file date of the articles of incorporation was: 12-26-1997

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 1 day of November, 2004.

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.)

Ezra Walters

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED
04 NOV - 3 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Loving HomeCare Center, Inc.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*. 10-16-1998

Description of information that must be included in a claim:

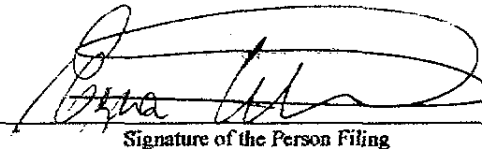
changed to Partnership

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

23279 Hamlin Ave
Port Charlotte
Florida 33980

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.

Ezra Walters
Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00