

P98000077335

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P98000077335
FT Diss 4-15-04
388 M

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF CHRISTIAN FAMILY HOME
CARE SERVICES, INC
DOCUMENT NUMBER: P98 0000 77335

The enclosed **Articles of Dissolution** and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

DOROTHEA WOLFFE
(Name of Person)

(Name of Firm/Company)

4510 NW 168 Ter
(Address)

MIAMI GARDENS FL 33055
(City/State/and Zip Code)

For further information concerning this matter, please call:
S. JOHNSON at (305) 244 0573.

Enclosed is a check for the following amount:

\$35 Filing Fee

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:

CHRISTIAN FAMILY HOME CARE SERVICES, INC

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

P98 0000 77335

THIRD: The file date of the articles of incorporation was:

9/4/1998

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 day of , .

Signature: *Dorothea Wolffe*
(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.)

DOROTHEA WOLFFE

(Typed or printed name of person signing)

PRESIDENT / CEO

(Title of person signing)

Filing Fee: \$35

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 DEPARTMENT OF STATE
 ALTHAMASITE, FLORIDA