## P98000077448

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(Address)					
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TALLAHASSEE, FLORI

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## TRANSMITTAL LETTER

**TO:** Amendment Section

P.O. Box 6327

Tallahassee, Florida 32314

**Division of Corporations** SUBJECT: Dissolution of LeNurse, Inc. DOCUMENT NUMBER: P98000077448 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Robert W. Stein, III (Name of Person) LeNurse, Inc. (Name of Firm/Company) 4707 Mesa Verde Drive (Address) Saint Cloud, FL 34769-1626 (City/State/and Zip Code) For further information concerning this matter, please call: Robert W. Stein, III (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations

409 E. Gaines Street

Tallahassee, Florida 32399

## 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 Department of State	;			
	LeNurse, Inc.				
SECOND:	The document number of the corporation (if known): P98000077448				•
THIRD:	The date dissolution was authorized: March 1, 2004				
	Effective date of dissolution if applicable: March 30, 2004 (no more than 90 days after dissolution file)	e date)			
FOURTH:	Adoption of Dissolution (CHECK ONE)				
	Dissolution was approved by the shareholders. The number of votes case was sufficient for approval.	t for diss	olutio	on	
	☐ Dissolution was approved by of the shareholders through voting groups.				
	The following statement must be separately provided for each voting grovate separately on the plan to dissolve:	oup entiti →	ed to		
	The number of votes cast for dissolution was sufficient for approval by	ALLAHAS	04 MAR 29		
	(voting group)	E C		m	
	Signed this 13th day of March , 2004 .	FLORIDA	PM 12: 09	J	
Signat	ure: Roll W Steri &				
	(By a director, president or other officer - if directors or officers have not been selected, by an incident if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)	corporator			
-	Robert W. Stein, III				
	(Typed or printed name of person signing)	•	_	; = -:	
	President / Secretary / Treasurer	. =			_
	(Title of person signing)				

Filing Fee: \$35

## **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.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

(a) A reasonable description of the claim;

Name of Corporation: LeNurse, Inc.

- (b) Any interest, finance charge, or penalty obligation;
- (c) A mailing address where a claim may be sent;
- (d) The date due or deadline.

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

Robert W. Stein, III

4707 Mesa Verde Drive

Saint Cloud, FL 34769-1626

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.

Robert W. Stein, III

Printed Name of the Person Filing

white with

Signature of the Person Filing

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