

P99000039887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

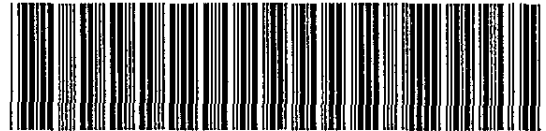
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FILED
05 JAN 28 PM 4:00
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Rodney J. RENNA
(Name of Person)
SKilled therapy Enhancement Professionals INC.
(Name of Firm/Company)
19501 W. Country club DRIVE #611
(Address)
AVENTURA, FL 33180
(City/State/and Zip Code)

For further information concerning this matter, please call:

Rod RENNA at (561) 400-1272
(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

FILED
05 JAN 28 PM 3:00
TALLAHASSEE, FLORIDA

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:
SKilled therapy enhancement professionals, inc

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

THIRD: The date dissolution was authorized: FEB. 1, 2005

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 of 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

Rad RENNA

(voting group)

Signed this 25th day of JANUARY, 2005

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)

Rodney RENNA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

(only shareholder)

Filing Fee: \$35

FILED
05 JAN 28 PM 4:00
TALLAHASSEE
FLORIDA