593896

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	tate/Zip/Phon	e #)
		•
PICK-UP	☐ WAIT	MAIL
÷		
(Busin	ess Entity Na	me)
(-11-11)	,	,
(Docu	ment Number)	
(2004)	, in one i varingon,	
Certified Copies	Certificate	e of Statue
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: Closing of Business	3	
DOCUMENT NUMBER: S93896		
The enclosed Articles of Dissolution and f	fee are submitted for	filing.
Please return all correspondence concerning	g this matter to the f	following:
Cheryl D. Luke		
(Name of	Contact Person)	
Rehab Kitchenettes of the T	reasure Coas	st, Inc.
(Firm	m/Company)	
6725 12th Street		
(A	ddress)	
Vero Beach, Florida 32966		
	ate and Zip Code)	
For further information concerning this ma	tter, please call:	
Cheryl D. Luke	at (772	559-9821
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number)
Enclosed is a check for the following amou	int:	•
✓\$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing For Certified Copy (Additional copy enclosed)	ce & \$\sumsymbol{\subsymbol{\symbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymbol{\subsymb
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

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 the Florida Departme	ent of State:
	Rehab Kitchenettes of the Treasure Coast, Inc.	<u>, </u>
SECOND:	The document number of the corporation (if known): \$93896	
THIRD:	The file date of the articles of incorporation: 11/12/1991	09 H
FOURTH:	(CHECK AT LEAST ONE BOX)	
	None of the corporation's shares have been issued.	09 HAY - 1 PM 3: 5
	The corporation has not commenced business.	3:51 STATE LORID
FIFTH:	No debt of the corporation remains unpaid.	ン
SIXTH:	The net assets of the corporation remaining after winding up have been d to the shareholders, if shares were issued.	istributed
SEVENTH:	Adoption of Dissolution (CHECK ONE)	
	A majority of the incorporators authorized the dissolution.	
	A majority of the directors authorized the dissolution.	
		٠.
Sian	ature:	
J.g.i	(By a director, persident or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorporator - if
	Cheryl D. Luke	
	(Typed or printed name of person signing)	
	Registered Agent and President (Title of Person Signing)	
	(The of Leison Signing)	

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation nar	med below for resolution of payment of unknown claim
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: Rehab Kitchenettes of the Treasure Coast, 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*.

Description of information that must be included in a claim:

Copies of invoices and proof of delivery or purchase order. [)ate)
of delivery and where delivered and who signed for delivery.		
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	09 HAY	
Rehab Kitchenettes of the Treasure Coast, Inc.	<u>-</u>	Complements
5976 20th Street, #160	PM 3:	
Vero Beach, Florida 32966	5	

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.

Cheryl D. Luke

Printed Name of the Person Filing

gnature of the Person Filing

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