

V02998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

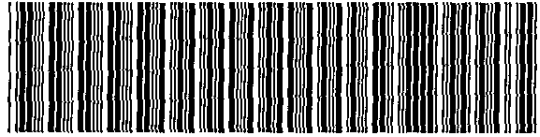
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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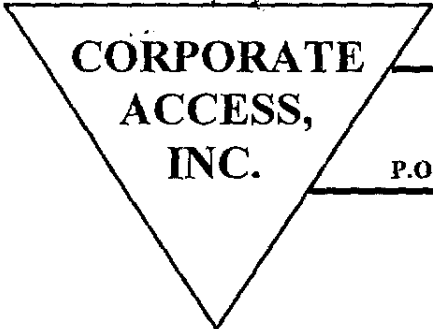
09/02/03--01037--023 **43.75

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RECEIVED
03 SEP -2 AM 10:53
DIVISION OF CORPORATION

FILED
SEP -2 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
9/2/03
ADR

43.7



236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 9-2-03 Kelly

☒ CERTIFIED COPY _____ CUS _____

PHOTO COPY _____ ☒ FILING Dissolution

1.) Signature Home Care of Florida, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

03 SEP -2 PM 3:14
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE
ration submit 104

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECOND: The date dissolution was authorized: August 19, 2003

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

(voting group)

Signed this 21st day of August, 2003

Signature [Signature]
(By the Chairman or Vice Chairman of the Board, President, or other officer)

MELISSA WARLEN
(Typed or printed name)

Vice President
(Title)