752595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
06 MAY 11 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Vol

COVER LETTER

TO: **Amendment Section**
Division of Corporations

SUBJECT: Dissolve Corp.

DOCUMENT NUMBER: ?

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

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

Caring Community Care Inc

(Firm/Company)

2637 SE 18th Ct

(Address)

Cape Coral, FL 33904

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Halvorsen at (239) 872 7713

(Name of Contact Person) (Area Code & Daytime Telephone Number)

2398727713

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, FL 32314

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Caring Community Care, Inc.

SECOND: The document number of the corporation (if known): 752595

THIRD: Adoption of Dissolution
(Complete Section I or II)

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SECTION I
If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted Feb 20, 06.

(CHECK ONE) all

☒ **The number of votes cast for dissolution was sufficient for approval.**

☐ **The resolution was adopted by written consent and executed in accordance with 617.0701, Florida Statutes.**

SECTION II
If the corporation has no members or members entitled to vote on the dissolution.

The corporation has no members or members entitled to vote on the dissolution.

The date of adoption of the resolution by the board of directors was _____.

The number of directors in office was _____ **and the vote for resolution was**

_____ **for and** _____ **against. (must be a majority vote)**

FOURTH: Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

Signature Mary is dead (2/20/06)
(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

Tom Halvorsen (239)872 7713
(Typed or printed name of the person signing)

Son of Mary Robertson
(Title of person signing)

FILING FEE: $35

My mom (Mary Robertson) died of Feb 20, '06. I am her son and am attempting to resolve her affairs. The Company is dissolved with her passing. Pat her friend and Mary, her daughter agree.

Tom Halvorsen