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SECRETARY OF STATE

06 JUN 20 PM 1:

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Dissolution of Busin	ess
DOCUMENT NUMBER: P020001	14106
The enclosed Articles of Dissolution and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Gail Varnedoe	
(Name of C	Contact Person)
Jacksonville Adult Daycare	FNC
(Firm	/Company)
9525 Sibbald Rd.	
(Ac	ldress)
Jacksonville , Florida 32208	
(City/Star	te and Zip Code)
For further information concerning this mat	ter, please call:
Gail Varnedoe	at (_904) 768-8346
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount	nt:
\$35 Filing Fee \$\bigcup\$43.75 Filing Fee & Certificate of Status	✓ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

## FILED

## ARTICLES OF DISSOLUTION

06 JUN 20 PM 1: 46

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

IALLAHASSEE, FLORIDA

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Jacksonville Adult Daycare エルム・		
SECOND:	The document number of the corporation (if known): PO2000/14/0		
THIRD:	The date dissolution was authorized: June 14, 2006		
	Effective date of dissolution if applicable:  (no more than 90 days after dissolution rile 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 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		
	(voting group)		
	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)		
	Gail Varnedoe		
	(Typed or printed name of person signing)		
	Director		
	(Title of person signing)		

Filing Fee: \$35