

709402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05 OCT 28 PM 4:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

Dissolution

T BROWN OCT 28 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH FLORIDA BLOOD BANKS, INC

DOCUMENT NUMBER: P98000059539

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

Please return all correspondence concerning this matter to the following:

JOHN FLYNN

(Name of Contact Person)

(Firm/Company)

P.O. Box 32833

(Address)

PALM BEACH GARDENS, FL 33420

(City/State and Zip Code)

For further information concerning this matter, please call:

NONE

(Name of Contact Person)

at ()

(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, FL 32314

STREET ADDRESS:

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

October 19, 2005

JOHN FLYNN
P.O. BOX 32833
PALM BEACH GARDENS, FL 33420

SUBJECT: SOUTH FLORIDA BLOOD BANKS, INC.
Ref. Number: 709402

We have received your document for SOUTH FLORIDA BLOOD BANKS, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number and corporate name on the Articles of Dissolution do not match. Enclosed is two computer printouts, for you to review and correct your document with the correct name and document number.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 705A00063629

J O H N H F L Y N N

October 25, 2005

Teresa Brown
Document Specialist
Florida Department of State
Division of Corporation
P. O. Box 6327
Tallahassee, FL 32314

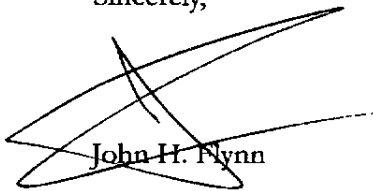
RE: SOUTH FLORIDA BLOOD BANKS, INC. REFERENCE # 709402

Dear Ms. Brown :

Please accept my apology for incorrectly entered the wrong reference number in the submission of the dissolution form for the "South Florida's Blood Banks, Inc.". I have corrected the form and initialed the correction effective 10-24-2005. The corrected original form is enclosed.

I can be reached at the following telephone (561) 512-4100.

Sincerely,



John H. Flynn

Enclosure: Dissolution Packet with correction

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05 OCT 28 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

SOUTH FLORIDA BLOOD BANKS, INC

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

~~7980000133~~ (709402)

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

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

(CHECK ONE)

- ☐ 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 12/19/2009.

The number of directors in office was 2 and the vote for resolution was

2 for and 0 against. (must be a majority vote)

Corrected
10-24-2005

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

Signature _____

(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.)

JOHN H. FLYNN

(Typed or printed name of the person signing)

PRESIDENT

(Title of person signing)

FILING FEE: \$35