

729648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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07 DEC -5 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS.

SO

12/5

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Victory Villas, Inc.

DOCUMENT NUMBER: 729648

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

Please return all correspondence concerning this matter to the following:

Roberta Wigand

(Name of Contact Person)

Victory Living Programs, Inc.

(Firm/Company)

1001 W. Cypress Creek Road, Suite 400

(Address)

Fort Lauderdale, FL 33309

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberta Wigand

(Name of Contact Person)

at (954) 616-1074 ext 102

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input checked="" type="checkbox"/> \$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
Division of Corporations

November 26, 2007

Roberta Wigand
Victory Livingn Programs, Inc.
1001 W. Cypress Creek Road, Suite 400
Fort Lauderdale, FL 33309

SUBJECT: VICTORY VILLAS, INC.
Ref. Number: 729648

We have received your document for VICTORY VILLAS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$52.50.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions ~~concerning this matter~~, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 507A00067122

RECEIVED
2007 DEC -5 AM 8:00
TALLAHASSEE, FLORIDA
DIVISION OF STATE

ARTICLES OF DISSOLUTION

FILED
07 DEC -5 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Victory Villas, Inc.

SECOND: The document number of the corporation (if known): 729648

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☒ The date of the meeting of members at which the resolution to dissolve was adopted July 25, 2007. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 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: immediately
(no more than 90 days after dissolution file date)

Signature Ronald J. Schwartz
(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.)

Ronald J. Schwartz
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35