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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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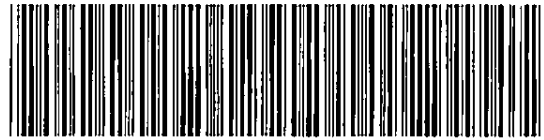
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LIFE VENTURE FOUNDATION

DOCUMENT NUMBER: DO40000000049

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

Please return all correspondence concerning this matter to the following:

Michael Petrie

(Name of Contact Person)

(Firm/Company)

920 SE 10th.

(Address)

Pompano Beach FL 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Petrie

(Name of Contact Person)

at (954) 647-1469

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION
FOR
A DECLARATION OF TRUST


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

Life Venture Foundation

The document number of the trust: D046000000049

The date dissolution was authorized: 1-1-2009

Dissolution was approved by the Board of Trustees.

Signature of Trustee: 

Michael F. Petrie

(Typed or printed of person signing)

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CLERK OF STATE
TALLAHASSEE, FL