

NO1000002261

Caretakers ME
460 Overstreet Ave.
Longwood, FL 32750

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

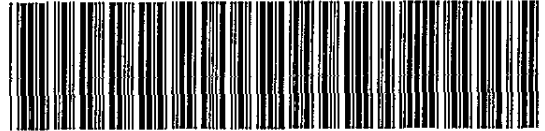
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100015279841

04/07/03--01016--008 **43.75

FILED

03 APR -7 PM 1:21

CLERK OF DISTRICT COURT
JANESVILLE, FLORIDA

RS 4/14/03
DJS

March 24, 2003

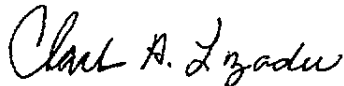
Caretakers
460 Overstreet Ave.
Longwood, FL 32750

To Whom It May Concern:

I am filing for Dissolution of a not for profit corporation. I would like one certified copy of the dissolution. I have enclosed a check in the amount of \$43.75 that will cover the filing fee of \$35.00 and includes an additional \$8.75 for the certified copy.

If you have any questions or concerns please feel free to contact me at 407-260-6241.

Sincerely,

A handwritten signature in cursive script that reads "Charles A. Luzader".

Charles A Luzader
President

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 is CARETAKERS M.E., INC.

SECOND: 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 was

MARCH 6, 2003

(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 with voting rights:

The corporation has no members or members with voting rights.

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

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

Signed this 6 day of MARCH 2003.

Signature Charles A. Luzader
(By the Chairman or Vice Chairman of the Board, President or other officer)

CHARLES A. LUZADER
Typed or printed name
PRESIDENT
Title

FILED
03 APR -7 PM 1:21
CLERK OF STATE
TALLAHASSEE FLORIDA