N01000006167

| (Re | equestor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only

ANT DIDO 10,005



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09/20/05--01021--013 **35.00

OS SEP 20 AM : 00
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

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



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:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: |
|---------|---|
| | Indian River Retirement Community, INC |
| SECOND: | The document number of the corporation (if known): N01000006167 |
| ΓHIRD: | 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 4/25/2005 |
| | (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 |

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

for and _____ against. (must be a majority vote)

| Signature Marky Line President | |
|--|--|
| (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.) | |
| Merlyn Sinn | |
| (Typed or printed name of the person signing) | |
| President | |

Effective date of dissolution <u>if applicable</u>: 9/2/2005

(no more than 90 days after dissolution file date)

FOURTH:

FILING FEE: \$35

(Title of person signing)