

N03000008602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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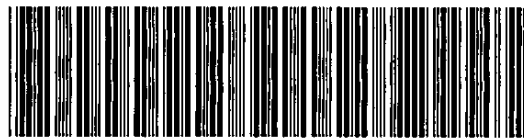
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 JUN 21 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts JUN 28 2006

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION

DOCUMENT NUMBER: N03000008602

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

Please return all correspondence concerning this matter to the following:

BARBARA PARISIAN

(Name of Contact Person)

SUPPORTED LIVING COORDINATORS INC

(Firm/Company)

5409 NORTH US HWY 1

(Address)

FORT PIERCE FL 34946

(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA PARISIAN

(Name of Contact Person)

at (772) 465-3177

(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

ARTICLES OF DISSOLUTION

FILED
06 JUN 21 PM 12:57
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:

SUPPORTED LIVING COORDINATORS INC .

SECOND: The document number of the corporation (if known): N03000008602

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
JUNE 13 2006

(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)

FOURTH: Effective date of dissolution if applicable: JUNE 13 2006
(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.)

BARBARA PARISIAN
(Typed or printed name of the person signing)

PRESIDENT
(Title of person signing)

FILING FEE: \$35