

N04000004117

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
Fax Number : (813) 229-1660

**DISSOLUTION OR WITHDRAWAL
INDIAN ROCKS ASSISTED LIVING, INC.**

Certificate of Status	0
Certified Copy	1
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S. TALLENT
APR 10 2017

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FALLASSSEE, FLORIDA

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DEPARTMENT OF STATE
FALLASSSEE, FLORIDA

2017 APR -7 PM 4:28

FILED

**INDIAN ROCKS ASSISTED LIVING, INC.
ARTICLES OF DISSOLUTION**

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2017 APR -7 PM 4: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

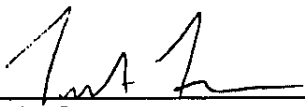
Pursuant to the provisions of Section 617.1403, Florida Statutes, Indian Rocks Assisted Living, Inc., a Florida not for profit corporation, adopts the following Articles of Dissolution:

- FIRST: The name of the corporation as currently filed with the Florida Department of State is Indian Rocks Assisted Living, Inc.
- SECOND: The document number of the corporation is N04000004117.
- THIRD: The corporation has no members or members entitled to vote on the dissolution.
- FOURTH: The date of adoption of the resolution by the Board of Directors was the 6th day of April, 2017.
- FIFTH: The number of directors in office was five and the vote for the resolution was five for and zero against.
- SIXTH: The effective date and time of these Articles of Dissolution shall be the date and time filed with the Florida Department of State.

Adopted this 6th day of April, 2017.

Indian Rocks Assisted Living, Inc.,

By: _____


Timothy Ferguson
President

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Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 617.1407, Florida Statutes.

Name of the corporation:

Indian Rocks Assisted Living, Inc.

Date of dissolution:

The date Articles of Dissolution are filed with the Florida Department of State.

Description of information that must be included in a claim:

- 1) Full name and address of claimant; and
- 2) Brief statement of the claim, including the date the claim arose, accompanied by a copy of all relevant documentation such as purchase orders or contracts, delivery receipts and invoices.

Mailing address where claims can be sent:

c/o Timothy Ferguson
12685 Ulmerton Road
Largo, FL 33774

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after filing of this notice.

Timothy Ferguson
Printed Name of the Person Filing


Signature of Person Filing

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