

NO4000009559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

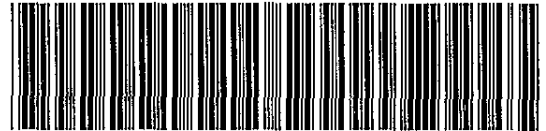
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800064630898

02/01/06--01031--014 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 21 PM 2:45

Volume Dis.
02/22/06
De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Jonni Cooper
(Name of Contact Person)

American College of Cardiovascular Nurses
(Firm/Company)

P.O. Box 3395, Riverview, FL 33568
(Address)

or 11219 Rice Creek Road, Riverview, FL 33569
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonni Cooper at (813) 677-8675
(Name of Contact Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2006

JONNI COOPER
AMERICAN COLLEGE OF CARDIOVASCULAR NURSE
P. O. BOX 3395
RIVERVIEW, FL 33568

SUBJECT: AMERICAN COLLEGE OF CARDIOVASCULAR NURSES, INC.
Ref. Number: N04000009559

We have received your document for AMERICAN COLLEGE OF CARDIOVASCULAR NURSES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 106A00009267

RECEIVED
06 FEB 21 AM 8:00
DIVISION OF CORPORATIONS

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:

American College of Cardiovascular Nurses, Inc.

SECOND: The document number of the corporation (if known): NO4000009559

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 _____

(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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB 21 PM 2:45

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 12/15/2005

The number of directors in office was 3 and the vote for resolution was

3 for and 0 against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 11/30/2006
(no more than 90 days after dissolution file date)

Signature

Jonni Cooper
(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.)

Jonni Cooper
(Typed or printed name of the person signing)

CEO / President
(Title of person signing)

FILING FEE: \$35