

ND5000000951

(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



200179249272

05/03/10--01044--011 \*\*35.00

FILED  
10 MAY -3 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*dis*  
C.COULLIETTE

MAY 06 2010

EXAMINER

4/28/00

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Somebody CARES PLANT CITY, Inc.

**DOCUMENT NUMBER:** N05000000951

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

Please return all correspondence concerning this matter to the following:

NORMAN D. BLANTON

(Name of Contact Person)

SOMEBODY CARES PLANT CITY INC.

(Firm/Company)

13130 BALLET PLACE

(Address)

DOVER, FLORIDA 33527

(City/State and Zip Code)

For further information concerning this matter, please call:

SAME AS ABOVE

(Name of Contact Person)

at ( 813 ) 309-3578

(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

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:

SOMEbody CARES PLANT CITY, INC

SECOND: The document number of the corporation (if known): NO5000000951

THIRD: Adoption of Dissolution  
**(COMPLETE SECTION I OR II)**

### SECTION I

If the corporation has members entitled to vote:

(CHECK/COMPLETE ONE)

☐ The date of the meeting of members at which the resolution to dissolve was adopted

\_\_\_\_\_. The number of votes cast by the members was sufficient for approval.

☐ The resolution was adopted by written consent of the members and executed in accordance with section 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.

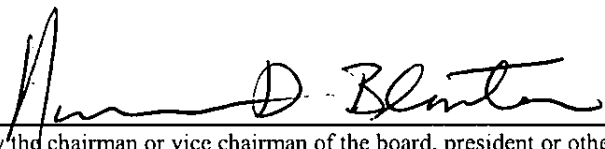
The date of adoption of the resolution by the board of directors was 3/31/10.

The number of directors in office was 2 and the vote for resolution was

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

FILED  
10 MAY -3 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 3/31/10  
(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.)

NORMAN D. BLANTON  
(Typed or printed name of the person signing)

DIRECTOR  
(Title of person signing)

**FILING FEE: \$35**