## N05000005/34

(Re	equestor's Name)	<del></del> .
(Ac	ldress)	<u>,</u>
(Ac	ldress)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER**

TO: Amendment Section

Division of Corporations			
SUBJECT: LIFE LINE AMBAS	SADORS FOR CI	larst	
DOCUMENT NUMBER: NOS 00000	5134	<del></del> -	
The enclosed Articles of Dissolution and fee are	e submitted for filing.		
Please return all correspondence concerning this	matter to the following:		
PATRICK B. Rock	ey		
<b>,</b>	. ,		
LIFE LINE AMBASSADON	es for Chr	157	
2337 PLANTATION LAGOR	ess)		
(			
ST Augustine, KL. 32084 (City/State and Zip Code)			
For further information concerning this matter,	olease call:		
PATRICIK ROCKey (Name of Contact Person)	(Area Code & Daytin	neTelephone Number)	
Enclosed is a check for the following amount:			
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status		\$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	Amendmen Division of Clifton Bu	Corporations	

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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: LIFELINE AMBASSADORS FOR CHRIST, InC. The document number of the corporation (if known): NOS000005/34 SECOND: The file date of the articles of incorporation: 05/09/05THIRD: **FOURTH** The corporation has not commenced to conduct its affairs. FIFTH: Adoption of Dissolution (CHECK ONE)

(Note: Cannot be authorized by an incorporator if the corporation has directors?

The dissolution was authorized by a majority of the directors:

OR

The dissolution was authorized by an incorporator. No debts of the corporation remains unpaid. SIXTH: (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 requiver, trustee, or other court appointed fiduciary, by that fiduciary) PATRICK B. Rockey
(Typed or printed name of person signing)

Filing Fee: \$35