

**NO60000009395**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

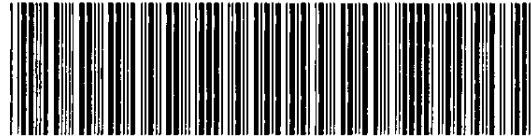
Special Instructions to Filing Officer.

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Office Use Only



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05/12/11--01022--022 \*\*43.75

*VD/WITH MK*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 12 AM 8:41

FILED

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Article of Dissolution

**DOCUMENT NUMBER:** N06000009395

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

Please return all correspondence concerning this matter to the following:

Yvonne Duncan

(Name of Contact Person)

Second Beginnings Assisted Living Facility, Inc

(Firm/Company)

7306 Maple Tree Dr

(Address)

Jacksonville, Florida 32277

(City/State and Zip Code)

For further information concerning this matter, please call:

Yvonne Duncan

(Name of Contact Person)

at ( 904 ) 743-8283

(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  
11 MAY 12 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Second Beginnings Assisted Living Facility, Inc .

SECOND: The document number of the corporation (if known): N06000009395

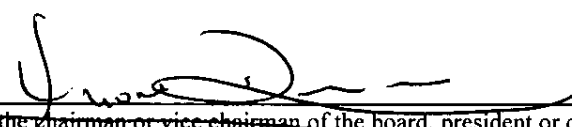
THIRD: The file date of the articles of incorporation: 9/6/2006

FOURTH The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: 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.
- The dissolution was authorized by a majority of the incorporators.

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)

Yvonne Duncan  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

## 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 s. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Second Beginnings Assisted Living Facility, Inc .

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

All claims against the assets of Second Beginnings Assisted Living, Inc.,  
must be in writing and include the claim amount, basis and origination date.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

7306 Maple Tree Dr  
Jacksonville, Florida 32277

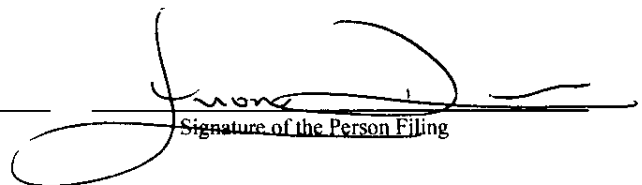
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\_\_\_\_\_

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

Yvonne Duncan

Printed Name of the Person Filing

  
Signature of the Person Filing

**Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00**