

NO6000011073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

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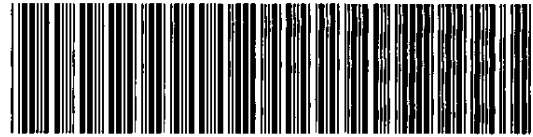
(Business Entity Name)

(Document Number)

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10/07/10--01013--012 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 OCT - 7 PM 12:07

APPROVED  
AND  
FILED

Dis  
10/8/10  
TL

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** INASMUCH COMPANION SERVICES INC

**DOCUMENT NUMBER:** N06000011073

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

Please return all correspondence concerning this matter to the following:

VERA SULLIVAN

(Name of Contact Person)

INASMUCH COMPANION SERVICES, INC

(Firm/Company)

1007 WEST WRIGHT STREET

(Address)

PENSACOLA, FL 32501

(City/State and Zip Code)

For further information concerning this matter, please call:

VERA SULLIVAN

(Name of Contact Person)

at ( 850 ) 438-7177

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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:

INASMUCH COMPANION SERVICES, INC

SECOND: The document number of the corporation (if known): N06000011073

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  
03/29/2010. 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 \_\_\_\_\_.

The number of directors in office was \_\_\_\_\_ and the vote for resolution was  
\_\_\_\_\_ for and \_\_\_\_\_ against. (must be a majority vote)

10 OCT -7 PM 12:05  
RECEIVED  
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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

FOURTH: Effective date of dissolution if applicable: 03/31/2010  
(no more than 90 days after dissolution file date)

Signature X Vera D Sullivan  
(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.)

VERA SULLIVAN  
(Typed or printed name of the person signing)

VD  
(Title of person signing)

**FILING FEE: \$35**