# N07000011932

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
|                         |                    |             |
| (Ac                     | ldress)            | ·····       |
|                         |                    |             |
| (Δς                     | ldress)            |             |
| () (0                   | 141000)            |             |
|                         |                    |             |
| (Cit                    | ty/State/Zip/Phon  | e #)        |
|                         |                    |             |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    | •           |
| (Bı                     | ısiness Entity Naı | me)         |
| (50                     | onioss Entity Hai  |             |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | _ Certificate:     | s of Status |
|                         |                    |             |
| <u> </u>                |                    |             |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
| ·                       | ٠                  |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



500128479065

05/05/08--01046--011 \*\*35.00

OB MAY 29 PM 4: 30

DI 330M



May 9, 2008

MADELEINE L. HARVEY 495 BELVILLE BLVD. NAPLES, FL 34104

SUBJECT: B.L.L.C. HELPING HANDS, INC.

Ref. Number: N07000011932

We have received your document for B.L.L.C. HELPING HANDS, 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):

Articles of Dissolution for a nonprofit corporation must comply with either section 617.1401 or 617.1403, Florida Statutes.

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) 245-6916.

Letter Number: 908A00029872

Carol Mustain Regulatory Specialist II

## **COVER LETTER**

| TO: Amendment Section Division of Corporations   | •   |
|--|-----|
| SUBJECT: Dissolution   |     |
| DOCUMENT NUMBER: NO 7 0000 11932   |     |
| The enclosed Articles of Dissolution and fee are submitted for filing.   |     |
| Please return all correspondence concerning this matter to the following:  |     |
| MADELEINE L. HARVEY (Name of Contact Person)   |     |
| · · · · · · · · · · · · · · · · · · ·  |     |
| B, L. L. C. Helping Hands Inc (Firm/Company)   |     |
|  |     |
| 495 Belville Blud (Address)  |     |
| NA OL EC CA  |     |
| NAPLES FL, 34104 (City/State and Zip Code)   |     |
| For further information concerning this matter, please call:   |     |
| MADELEINE L. HARVEY at (239) 455-2751 or 683-578-9.  (Name of Contact Person) (Area Code & DaytimeTelephone Number)  | 140 |
| Enclosed is a check for the following amount:  |     |
| \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)  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: B.L.L.C. HELPING HANDS, Inc The document number of the corporation (if known): NO 70006 1/1/2 SECOND: THIRD: (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 4-9-8The number of directors in office was 4 and the vote for resolution was for and \_\_\_\_\_ 0 against. (must be a majority vote)

| Signature Maceleine L. Harvey  |
|--|
| (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.) |
| MADELEINE L. HARVEY  |
| (Typed or printed name of the person signing)  |
| CHAIR PER SON  |
| (Title of person signing)  |

Effective date of dissolution if applicable:

FOURTH:

FILING FEE: \$35

(no more than 90 days after dissolution file date)