N0800000517

(Re	equestor's Name)	· •
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(0)	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

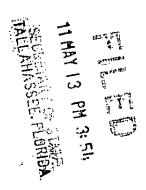




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JR 5-20-11

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOlution
DOCUMENT NUMBER: <u>NO800000517</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MAXINE C. REED (Name of Contact Person)
(Name of Contact Person) LIBERTY BIBLE COLLEGE 2 C 3/7 (Firm/Company)
218 EGLIN PARKWAY (Address)
FORT WALTON BEACH, FL. 32 549 (City/State and Zip Code)
For further information concerning this matter, please call:
MAXINE C. REED at (850) 240-0847 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607:1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	LIBERTY BIBLE COLLEGE 2C317, CORPORA
SECOND:	The document number of the corporation (if known): NOSO0000517
THIRD:	The date dissolution was authorized: 21 MAY 2010
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
	Dissolution was approved by the shareholders through voting groups.
	The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:
	The number of votes cast for dissolution was sufficient for approval by
	President and Vice President 3 no other members on the boards ?
	no other members on the boards ?
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	Maxine C. Reed (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. 607.1407, F.S.

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

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

Description of information that must be included in a claim:

Name, Address of Claimant - date of all eged error, date noticed, full description of claim

Note: We do not have any outstanding delots.

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

Maxine C. Reed

8887 Cagle Drive

Navarre, FL. 32566

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

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.

LAXINE C. REED