

NO 80000005397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

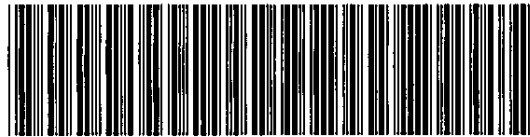
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280107714

12/18/15--01008--002 **35.00

MD
DEC 21 2015

R. WHITE

FILED
15 DEC 18 AM 6:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CENTRAL FLORIDA SELF DETERMINATION ADVOCACY COUNCIL
(Name of Corporation)

DOCUMENT NUMBER: N08000005397

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA HERRING

(Name of Person)

CENTRAL FLORIDA SELF DETERMINATION ADVOCACY COUNCIL

(Name of Firm/Company)

6619 HORSESHOE BEND

(Address)

ORLANDO, FLORIDA 32822

(City/State and Zip Code)

For further information concerning this matter, please call:

CHISTOPHER DRUMMOND at 407 332-9937
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

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

Street Address:
Amendment Section
Division of Corporations
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:
CENTRAL FLORIDA SELF DETERMINATION ADVOCACY COUNCIL

SECOND: The document number of the corporation (if known): N08000005397

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 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 _____

The number of directors in office was _____ and the vote for resolution was _____ and _____ against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: _____
(no more than 90 days after dissolution file date)

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)

Chris Drummond
(Typed or printed name of person signing)
Co-Chair
(Title of person signing)

Filing Fee: \$35

FILED
15 DEC 18 AM 6:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA