# N 08000007658

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

## SUBJECT: SIMMONS FAMILY FOUNDATION, LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

## CHARLES H. STARK, ESQUIRE

(Name of Person)

CHARLES H. STARK, PA

(Firm/Company)

312 N. PARK AVE., SUITE 2-A

(Address)

WINTER PARK, FL 32789

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES H. STARK

.,407

788-0250

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

□ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

### **MAILING ADDRESS:**

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

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 DIVISITA OF COROURATION



April 5, 2017

CHARLES H. STARK 312 N PARK AVE., STE 2-A WINTER PARK, FL 32789

SUBJECT: SIMMONS FAMILY FOUNDATION, INC.

Ref. Number: N08000007658

We have received your document for SIMMONS FAMILY FOUNDATION, INC. and your check(s) totaling \$50.00. 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) 245-6050.

Carol Mustain Regulatory Specialist II

Letter Number: 517A00006548

## 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:								
	SIMMONS FAMILY FOUNDATION, INC.	_							
SECOND:	The document number of the corporation (if known): N08000007658								
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		SECRET						
	SECTION I If the corporation has members entitled to vote:	HAY IO PH	ARY OF						
	(CHECK/COMPLETE ONE) ☐ The date of meeting of members at which the resolution to dissolve was adopted	ባካ ፡ጎ ዘላ	STATE						
	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)	_	for
						FOURTH	Effective date of dissolution, <u>if applicable</u> :  (no more than 90 days after dissolution file date)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.		
	Signature:  (By the chairman or vice chairman of the board, president or other officer- if directors have not been incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduci		ed, by an						
	LELAND D. SIMMONS								
	(Typed or printed name of person signing)								
	Director								
	(Title of person signing)								

Filing Fee: \$35