N08000008316

| (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: | |
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Office Use Only



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JAN 25 2021 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

| SUBJECT: Dissolution of Manatee C Adus car | ounty Senior | |
|---|---|--|
| DOCUMENT NUMBER: NO 800000 8316 | | |
| The enclosed Articles of Dissolution and fee are submitted for filing | | |
| Please return all correspondence concerning this matter to the follow | ing: | |
| Wanda Wellhrock (Name of Contact Person) | | |
| Manatee County Senior Advocacy Council | | |
| 2810-29-1 AU. W. (Address) | | |
| Bradenton, FL. 34205 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| (Name of Contact Person) at (941) (Area Code) | 79-6974 Daytime Telephone Number) | |
| Enclosed is a check for the following amount: | | |
| | iling Fee. Certificate of t Certified Copy litional copy is enclosed) | |
| Mailing Address:Street Address:Amendment SectionAmendment S | | |
| Division of Corporations Division of C | | |
| P.O. Box 6327 The Centre of | | |
| Tallahassee, FL 32314 2415 N. Mont Tallahassee, F | roe Street, Suite 810 EL 32303 | |



25.

FLORIDA DEPARTMENT OF STATE Division of Corporations

December 22, 2020

WANDA WELLBROCK 2810 - 29TH AVE W BRADENTON, FL 34205

SUBJECT: MANATEE COUNTY SENIOR ADVOCACY COUNCIL, INC

Ref. Number: N08000008316

We have received your document for MANATEE COUNTY SENIOR ADVOCACY COUNCIL, INC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 720A00025911

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: The document number of the corporation (if known): ND8 00000 8316 TAK SECOND: 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 7 - 10 - 20 The number of votes cast by the members was sufficient for ☐ 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) **FOURTH** Effective date of dissolution, if applicable: (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. 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)

Siling Fee: \$35