

ND8000009659

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CARE For You Assisting Living Facility, Inc.

**DOCUMENT NUMBER:** N08000009659

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARY J. White

(Name of Contact Person)

CARE For You Assisting Living Facility, Inc.

(Firm/Company)

5440 CHISWICK CIRCLE

(Address)

ORLANDO, FLORIDA 32812

(City/State and Zip Code)

For further information concerning this matter, please call:

MARY J. White

(Name of Contact Person)

at ( 407 ) 285-7568

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 6, 2011

MARY J. WHITE  
CARE FOR YOU, ASSISTING LIVING FACILITY  
5440 CHISWICK CIRCLE  
ORLANDO, FL 32812

SUBJECT: CARE FOR YOU, ASSISTING LIVING FACILITY, INC.  
Ref. Number: N08000009659

We have received your document for CARE FOR YOU, ASSISTING LIVING FACILITY, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6905.

Thelma Lewis  
Document Specialist Supervisor

Letter Number: 211A00011251

RECEIVED  
11 MAY 20 PM 12:56  
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TALLAHASSEE, FLORIDA

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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:

CARE for You, Assisting Living Facility, Inc.

SECOND: The document number of the corporation (if known): N08000009659

THIRD: The file date of the articles of incorporation: October 20, 2008

FOURTH: The corporation has not commenced to conduct its affairs.

FIFTH: No debts of the corporation remains unpaid.

SIXTH: Adoption of Dissolution **(CHECK ONE)**  
(Note: Cannot be authorized by an incorporator if the corporation has directors)

☐ The dissolution was authorized by a majority of the directors:  
OR

☐ The dissolution was authorized by an incorporator.

☒ The dissolution was authorized by a majority of the incorporators.

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Signature: Mary J. White

(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)

Mary J. White

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35