

ND800000/0263

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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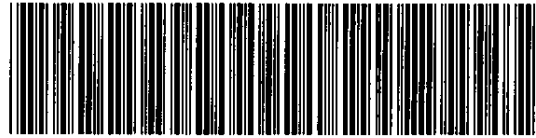
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10 MAY -5 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts MAY 10 2010

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KEY WEST WILDLIFE CENTER, INC.

**DOCUMENT NUMBER:** N08000010263

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

Please return all correspondence concerning this matter to the following:

**CRAIG SCHAUFLE**

(Name of Contact Person)

(Firm/Company)

**170 N COCONUT PALM BLVD.**

(Address)

**TAVERNIER, FL 33070**

(City/State and Zip Code)

For further information concerning this matter, please call:

**CRAIG SCHAUFLE**

(Name of Contact Person)

at ( **727** ) **267-2418**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                          |                                                                        |                                                                                                                |                                                                                                                               |
|------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

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10 MAY -5 PM 3:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:  
KEY WEST WILDLIFE CENTER, INC.

SECOND: The document number of the corporation (if known): N08000010263

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 the 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.

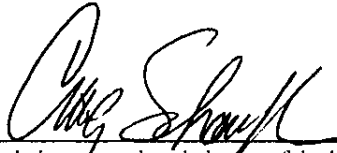
The date of adoption of the resolution by the board of directors was 12/31/2009.

The number of directors in office was ONE (1) and the vote for resolution was

ONE (1) for and NONE against. (must be a majority vote)

FOURTH: Effective date of dissolution if applicable: 12/31/2009  
(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.)

**CRAIG SCHAUFLE**

(Typed or printed name of the person signing)

**PRESIDENT, CEO**

(Title of person signing)

**FILING FEE: \$35**