N08000010807

(Requestor's Name)			
(Address)			
(Address)			
(0)	10.1.17.70		
(Cit	ty/State/Zip/Phone	9 #)	
PICK-UP	☐ WAIT	MAIL .	
. (Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
:		·	

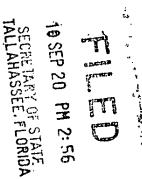
Office Use Only



700184945607

09/07/10--01026--003 **35.00





1 1 20 2018 SEP 2 0 2018



RECEIVED

10 SEP 20 PM 12: 27

SECRETARY OF STATE

September 10, 2010

WILLIAM GILLIGAN P O BOX 18661 PANAMA CITY BEACH, FL 32417

SUBJECT: PROMISED LAND LIVING MINISTRY & CHURCH, INC.

Ref. Number: N08000010807

We have received your document for PROMISED LAND LIVING MINISTRY & CHURCH, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete serction I or II. Do not complete both sections.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 210A00021587

COVER LETTER

TO: Amendment Section

Division of Corporations			
SUBJECT: Dissolution of Non-Profit (Corporation	on	
DOCUMENT NUMBER: N0800001080)7		
The enclosed Articles of Dissolution and fee ar	e submitted	for filing.	
Please return all correspondence concerning this	s matter to th	e following:	
William Gilligan			
	ntact Person)		
(Firm/Co	ompany)		·
PO Box 18661			Company of the second of the s
(Addı	ess)		7)
Panama City Beach, FL 32417	17' (2.12)		
(City/State an	id Zip Code)		
For further information concerning this matter,	please call:		
William Gilligan	at (850	5323	meTelephone Number)
(Name of Contact Person)	(Area	Code & Dayti	meTelephone Number)
Enclosed is a check for the following amount:			
▼ \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Fill Certified (Additional enclosed)	Сору	\$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		Amendme Division Clifton B	ADDRESS: ent Section of Corporations uilding cutive Center Circle

Tallahassee, FL 32301

10 SEP 20 PM 2: 56
SECRETARY OF STATE

ARTICLES OF DISSOLUTION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: The document number of the corporation (if known): NOSOUDO 1080 7 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 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 8/29and the vote for resolution was The number of directors in office was

___ against. (must be a majority vote).

Effective date of dissolution if applicable:	8/31/2010
(t	no more than 90 days after dissolution file date)
Signature	
(By the chairman or vice chairman of the	
officer- if directors have not been selected the hands of a receiver, trustee, or other of the hands of a receiver, trustee, or other of the hands of a receiver, trustee, or other of the hands of the	
by that fiduciary.)	
,	
William M.	sillian)
(Typed or printed name of the	person signing)
•	- -
President	
(Title of person signi	ing)

FOURTH:

FILING FEE: \$35