

N10000011359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

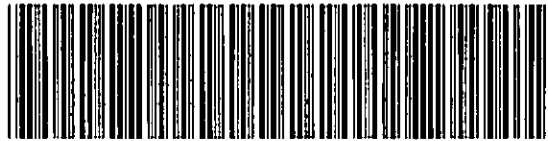
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/19/18--01038--030 **35.00

MAR 21 2018

FILED
18 MAR 19 PM 3:15
TALLAHASSEE, FLORIDA

**LAKERIDGE FALLS WE CARE
C/o Michael H. Reeder
12301 LAKERIDGE FALLS DRIVE
BOYNTON BEACH, FL 33437**

March 16, 2018

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

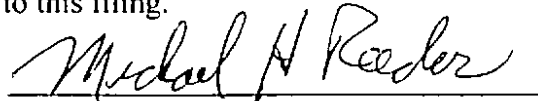
SUBJECT: LAKERIDGE FALLS WE CARE, INC.

Enclosed herewith please find the following papers and check for the voluntary Dissolution of the above Corporation:

1. The COVER LETTER, which encloses the Articles of Dissolution
2. The Articles of Dissolution approved by the only two Directors on this date, and indicating that the Dissolution should be effective immediately.
3. My check # 1110, dated 3/16/18, payable to Florida Department of State, in the amount of \$35.00, representing the payment for the filing of the enclosed Articles of Dissolution.

If there is anything else needed please let me know.

Thank you for your prompt response to this filing.


Michael H. Reeder

**LAKERIDGE FALLS WE CARE
C/o Michael H. Reeder
7331 Falls Road West
BOYNTON BEACH, FL 33437**

Daytime Telephone: 561-734-2818
E-mail: redlaw1@aol.com

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeridge Falls We Care Inc

DOCUMENT NUMBER: 110000011359

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

Please return all correspondence concerning this matter to the following:

Michael H Reeder
(Name of Contact Person)

(Firm/Company)

7331 Falls Road West
(Address)

Boynton Beach FL 33437
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael H Reeder at (561) 734-2818
(Name of Contact Person) (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

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:

Lake ridge Falls We Care Inc

SECOND: The document number of the corporation (if known): N10000011359

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

_____. 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 3/16/18.

The number of directors in office was two and the vote for resolution was Two for and -0- against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: Effective Immediately 3/16/18
(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: Michael H Reeder

(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)

Michael H. Reeder

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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