

N11000000260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

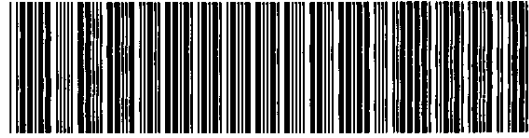
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300208865003

06/20/11--01013--017 **35.00

W/with

FILED
11 JUN 20 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-6-24-11

6/16/11

TO: The Amendment Section

Division of Corporations, State of Florida

Attached you will find 2 copies of the Articles of Dissolution and, the Notice of Corporate Dissolution for the Institute of Elder Care Resources, filed erroneously as a 'not for profit' with the State of Florida, January, 2011, Document #N11000000260. The resolution passed by the directors indicates that the corporation: **DOES NOT INTEND TO REVOKE THE NAME**, as it is filing under separate mailing for incorporation, correctly, as a for profit corporation with the State.

I am enclosing a copy of the new filing referencing the same name "Institute for Elder Care Resources". Please note this intention to not revoke the name with the corporate dissolution as a not for profit corporation.

Thank you for your assistance.



Pam Anderson

727-360-8043

12520 6th st east

Treasure Island, FL 33706

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CORPORATE DISSOLUTION

DOCUMENT NUMBER: N11000000260

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

Please return all correspondence concerning this matter to the following:

PAM ANDERSON

(Name of Contact Person)

INSTITUTE FOR ELDER CARE RESOURCES

(Firm/Company)

12530 GTH ST EAST

(Address)

TREASURE ISLAND, FL 33706

(City/State and Zip Code)

For further information concerning this matter, please call:

PAM ANDERSON

(Name of Contact Person)

at (727) 360-8043

(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

FILED
11 JUN 20 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

INSTITUTE FOR ELDER CARE RESOURCES, INC.

SECOND: The document number of the corporation (if known): 211000000260

THIRD: The file date of the articles of incorporation: 1/6/2011

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.

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)

Pam Anderson

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 617.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: INSTITUTE FOR ELDER CARE RESOURCES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:


AT A MEETING OF THE BOARD OF DIRECTORS DULY CALLED, IT
WAS MOVED AND UNANIMOUSLY VOTED THAT THE NOT FOR PROFIT
CORPORATION OF "INSTITUTE FOR ELDER CARE RESOURCES" BE DISSOLVED,
AND, A CORRECT, FOR PROFIT CORPORATE APPLICATION BE
SUBMITTED TO THE STATE OF FLORIDA, THERE ARE NO
OUTSTANDING DEBTS AS THE CORPORATION HAS NOT COMMENCED ACTIVITY.
THE FOR PROFIT CORPORATION INTENDS TO USE THE SAME NAME.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

12520 6th ST E
TREASURE ISLAND FL 33706

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Pam Anderson

Printed Name of the Person Filing



Signature of the Person Filing