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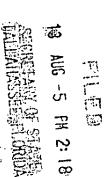
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AUG -8 2013 R. WHITE



## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF COMPANY		
DOCUMENT NUMBER: N1200001675		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following	ng:	
JOHN L. CASEY		
(Name of Contact Person)	~/	
WEKIVA HEADWATERS ACTION COMMITTEE (Firm/Company)	5 <b>C</b>	
7.0.30x 607598		
(Address)		
ORLANDO, FL 32860		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JOHN L. CASEY at (407) 92 (Name of Contact Person) (Area Code & Da	8-6163	
(Name of Contact Person) (Area Code & Da	aytime Telephone Number)	
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\to\$ \$43.75 Filing Fee \$\times\$ Certificate of Status Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	
	STREET ADDRESS: Amendment Section	

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following

Articles of Dissolution:

**SECTION II** 

If 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

The number of directors in office was \_\_\_\_\_ and the vote for resolution was

for and \_\_\_\_\_ against. (Must be a majority vote)

The corporation has no members or members entitled to vote on the dissolution.

Effective date of dissolution if applicable:	APR.	9,2013
(r	no more than	90 days after dissol
Signature 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		
by that fiduciary.)	очи арропи	a nadelary,
	,	
JOHN L. CASEY	)	
(Typed or printed name of the p	erson signin	g)
CHAIDWAN/CFC		
(Title of person signi	ng)	

FOURTH:

FILING FEE: \$35