

N13000002471

(Requestor's Name)

(Address)

(Address)

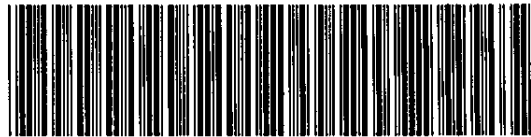
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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TALLAHASSEE, FLORIDA

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*Dis. W/Notice
3-11-14*

Destin Independent Living Care Services

5735 Westbury Drive

Orlando, Florida 32808

March 4, 2014

To Whom It May Concern:

This letter is written to inform you of our decision to change *Destin Independent Living Services, Inc.* from a non-profit Corporation to a for profit Corporation.

Please be advised that our three voting directors gave their written consent to the above requested change. I am the President and owner of *Destin Independent Living Care Services, Inc* and also the continued owner and President of *Destin Independent Living Care Services*.

I am Releasing the Incorporation status and requesting a for profit status. Please note that we have moved into a new house and this is the current address of operation. The new address is 5735 Westbury Drive- Orlando, Florida 32808.

Enclosed please find copies of the Non-profit Articles of dissolution , Articles of Incorporation for non-profit, New filing of Articles of Incorporation for profit .

Thanking you in advance for giving this matter your immediate attention.

Yours truly,



Phanide Predestin

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Destin Independent Living care Services, Inc.

DOCUMENT NUMBER: N13000002471

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

Please return all correspondence concerning this matter to the following:

Phanide Predestin

(Name of Contact Person)

Destin Independent Living Care Services, Inc.

(Firm/Company)

5735 Westbury Drive

(Address)

Orlando, Florida 3808

(City/State and Zip Code)

For further information concerning this matter, please call:

Ruthenia Moses

(Name of Contact Person)

at (**352**)

(Area Code)

408-8273

(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:

Destin Independent Living Care Services, Inc.

SECOND: The document number of the corporation (if known): **N13000002471**

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 _____.

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

FOURTH Effective date of dissolution, if applicable: **February 27, 2014**
(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)

Phanide Predestin

(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: Destin Independent Living care SErVICES, 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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

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.

Phanide Predestin

Printed Name of the Person Filing



Signature of the Person Filing