

N1300000 6854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

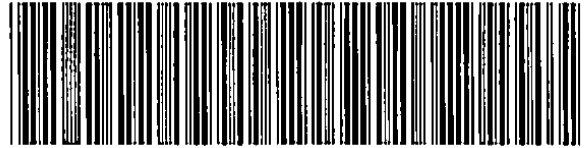
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS

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6/10/19

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 20, 2019

EARLENE DANTZLER
DANTZLER FAMILY DAYCARE HOME, INC.
12328 SW 259TH STREET
HOMESTEAD, FL 33032

SUBJECT: DANTZLER FAMILY DAYCARE HOME, INC.
Ref. Number: N13000006854

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The effective date cannot be prior to or more than 90 days after the date of filing in this office.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 119A00010136

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF BUSINESS

DOCUMENT NUMBER: N13000006854

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

Please return all correspondence concerning this matter to the following:

EARLENE DANTZLER

(Name of Contact Person)

DANTZLER FAMILY DAYCARE HOME, INC

(Firm/Company)

12328 SW 259TH STREET

(Address)

HOMESTEAD, FL 33032

(City/State and Zip Code)

For further information concerning this matter, please call:

EARLENE DANTZLER

(Name of Contact Person)

786

at (_____) _____
(Area Code)

234 -6984

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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:
DANTZLER FAMILY DAYCARE HOME, INC.

SECOND: The document number of the corporation (if known): N13000006854

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

12/3/2018

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: 03/31/2019

(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: Earlene Dantzler

(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)

EARLENE DANTZLER

(Typed or printed name of person signing)

CHIEF EXECUTIVE OFFICER

(Title of person signing)

Filing Fee: \$35

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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE