## N17000003881

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: ARTICLES OF DIS.	SOLUTION	
DOCUMENT NUMBER: <u>№ 17 000003881</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to	o the following:	
JOAN SURACE		
(Name of Contact Person)		
TOAN SURACE  (Name of Contact Person)  YOUR ACTIVE CITY SENIORS INC.  (Firm/Company)		
709 ANDREWS DRIVE		
(Address)		
709 ANDREWS DRIVE  (Address)  LONG-Wood, FL. 32750  (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
TOAN SURACE at (407) L89-245-5948  (Name of Contact Person) (Area Code) (Daytime Telephone Number)		
(Name of Contact Person) (Area Code) (Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S35 Filing Fee S43.75 Filing Fee & Certificate of Status Certificate Copy (Additional copy is enclosed)	Status & Certified Copy	
	reet Address:	
	mendment Section	
•	vivision of Corporations	
	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
-	allahassee, FL 32303	

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: YOUR ACTIVE CITY SENIORS, INC The document number of the corporation (if known): N/700003851 SECOND: 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 anuary 42024. The number of votes cast by the members was sufficient for 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 famuary 4, 20,27 The number of directors in office was \_\_\_\_\_\_ and the vote for resolution was \_\_\_\_\_\_ for and \_\_\_\_\_\_ against. (Must be a majority vote) (no more than 90 days after dissolution file date) Effective date of dissolution, if applicable: **FOURTH** 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: (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) JOAN SURACE
(Typed or printed name of person signing)

Filing Fee: \$35

PRESIDENT
(Title of person signing)

## 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. ACTIVE GITY SenIORS, 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.