

N 17210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

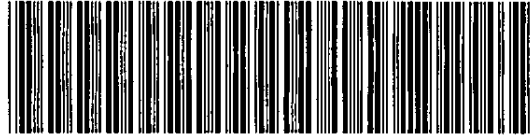
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TAMARAC COUNTY

2015 SEP 14 PM 2:58

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SEP 16 2015

C. CARROTHERS

SEP 16 2015 SEP 16 2015

C. CARROTHERS C. CARROTHERS

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CORPORATE DISSOLUTION

**DOCUMENT NUMBER:** N17210

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

Please return all correspondence concerning this matter to the following:

LILLIAN WILLIAMS

(Name of Contact Person)

SICKLE CELL DISEASE ASSOCIATION OF AMERICA/VOLUSIA COUNTY CHAPTER INC

(Firm/Company)

418 FLETCHER AVE

(Address)

DAYTONA BEACH FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

LILLIAN WILLIAMS

(Name of Contact Person)

at ( 386 )

(Area Code)

253-0765

(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:

SICKLE CELL DISEASE ASSOCIATION OF AMERICA/VOLUSIA COUNTY CHAPTER INC

SECOND: The document number of the corporation (if known): N17210

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 8/19/15.

The number of directors in office was 7 and the vote for resolution was 4 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: 8/19/15

(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

(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)

LILLIAN WILLIAMS

(Typed or printed name of person signing)

EXECUTIVE DIRECTOR

(Title of person signing)

**Filing Fee: \$35**

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2015 SEP 14 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ***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:* Sickle Cell Disease Association of America/Volusia County Chapter 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:*

Name and address of Claimant, Date of Claim, Nature of Claim, Supporting Documentation and Proposed Resolution

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

Lillian Williams

418 Fletcher Avenue

Daytona Beach, FL 32114

*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.*

Lillian Williams, Executive Director

*Printed Name of the Person Filing*

  
*Signature of the Person Filing*

***Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00***