N46431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2016

C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corporate Dissolution

DOCUMENT NUMBER: N46431

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

Please return all correspondence concerning this matter to the following:

Aleda Duffey
(Name of Contact Person)

West Coast Child Care Program, Inc.
(Firm/Company)

4550 Bay Blvd. #1244
(Address)

Port Richey FL 34668
(City/State and Zip Code)

For further information concerning this matter, please call:

Aleda Duffey at (727) 844-3303
(Name of Contact Person) (Area Code) (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:

West Coast Child Care Food Program, Inc.

SECOND: The document number of the corporation (if known): N46431

THIRD: Adoption of Dissolution
(COMPLETE SECTION I OR II)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 1/20/2016. 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: 2/29/2016
(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)

Aleda Duffey
(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: West Coast Child Care Food Program, 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:

N/A

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

4550 Bay Blvd. #1244 Port Richey FL 34668

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.

Aleda Duffey

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