

T Roberts MAY 29 2009

LAW OFFICES
MACLEAN AND EMA

FREDERICK R. MACLEAN
ANNE B. MACLEAN
CHRISTOPHER J. EMA
W. THORNTON SCOTT*
DIANE B. BELL**

OF COUNSEL
LAURA G. MACLEAN

2600 N.E. 14th Street Causeway
Pompano Beach, Florida 33062
Telephone (954) 785-1900
Telefax (954) 942-1006 Trust and Estate
Telefax (954) 942-9146 Real Estate

OF COUNSEL
J. ALAN COX
TALLAHASSEE, FL

OF COUNSEL
ROBERT M. ARLEN
BOARD CERTIFIED
TAX ATTORNEY
DELRAY BEACH, FL

* ALSO ADMITTED IN KENTUCKY
** ALSO ADMITTED IN SOUTH CAROLINA

May 22, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

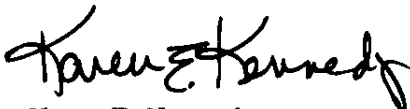
Re: Truman Worden Training Center, Inc.
Document #N9400000514

Gentlemen:

Enclosed are Articles of Dissolution for the above-referenced corporation, your cover letter and our check in the amount of \$43.75 as the filing fee and fee for a certified copy of the Articles of Dissolution.

Thank you for your assistance. Should you have any questions regarding this transmittal, please do not hesitate to contact me.

Very truly yours,



Karen E. Kennedy
Legal Assistant

/kek

Enclosures as noted.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Truman Worden Training Center, Inc.

DOCUMENT NUMBER: N94000000514

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

Please return all correspondence concerning this matter to the following:

W. Thornton Scott, Esquire

(Name of Contact Person)

MacLean and Ema Law Offices

(Firm/Company)

2600 N.E. 14th Street Causeway

(Address)

Pompano Beach, Florida 33062

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen E. Kennedy

(Name of Contact Person)

at (954) 785-1900 MacLean

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" 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

10-30-09

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:

Truman Worden Training Center, Inc.

SECOND: The document number of the corporation (if known): N94000000514

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 the 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 March 18, 2009.

The number of directors in office was 19 and the vote for resolution was

12 for and 0 against. (must be a majority vote)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 26 PM 3:50

FOURTH: Effective date of dissolution if applicable: June 30, 2009
(no more than 90 days after dissolution file date)

Signature Robert Lloyd
(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.)

Robert Lloyd
(Typed or printed name of the person signing)

President
(Title of person signing)

FILING FEE: \$35