

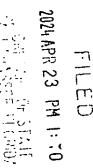
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE MAY - 8 2024





000428172210

01/28/24--0106/--002 *#85.00



Lhope the way of filled

these popers out is to be.

There are no more members

or directors. As of last year

2023 there was only myself

and the president, the president

passed away last year leaving

only me and I don't want

to do this any more. So, I

some filling. Articles of

Dissolution.

Thank you for your

helpt

I didn't want to just let this go and ignore the filings

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Dissolution			
DOCUMENT NUMBER: N9400000	3874		
The enclosed Articles of Dissolution	and fee are submitted for f	ĭling.	
Please return all correspondence conce	erning this matter to the fo	llowing:	
Maxine Enkey			
(Name of Contact Person)		
Old Tavernier Cove Neighborhood Association	on,Inc		
	(Firm/Company)		
190 Atlantic Cr Dr			
	(Address)		
Tavernier F1 33070			
(0	City/State and Zip Code)		
For further information concerning thi	is matter, please call:		
Maxine Enkey	at (³⁰⁵	852 2022	
(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		2.50 Filing Fee, Certificate of atus & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Street Address:		
Amendment Section Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee FI 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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:			
	Old Tavernier Cove Neighborhood Association, Inc			
SECOND:	The document number of the corporation (if known): N94000003874			
THIRD:	The document number of the corporation (if known): Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I			
	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.			
with	☐ The resolution was adopted by written consent of the members and executed in accordance section 617.0701, Florida Statutes.			
	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: (no more than 90 days after dissolution file date)			
	(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: Moylus Ended (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)			
	Maxine Enkey			
	(Typed or printed name of person signing)			
	Treasurer ad hoc			
	(Title of person signing)			

Filing Fee: \$35