

79600000 2426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

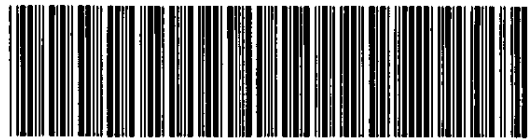
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/09/13--01003--008 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT -9 AM 10:45

*Diss
notice*
OCT 9 11 130
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: N 96 00000 2426

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

Please return all correspondence concerning this matter to the following:

Delois Simmons
(Name of Contact Person)
Lavern Wright Aids Corp
(Firm/Company)
2215 - 13th St. W
(Address)
Bradenton, Florida 34205
(City/State and Zip Code)

For further information concerning this matter, please call:

Delois Simmons at (941) 447-8069
(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:

Lavern Wright Aids Corp.

SECOND: The document number of the corporation (if known): N 96 00000 2426

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 Sept. 17, 2013

The number of directors in office was 1 and the vote for resolution was 1 for and _____ against. (Must be a majority vote)

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

Signature: Delouis Simmons
(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)

Delouis Simmons
(Typed or printed name of person signing)

Director
(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT -9 AM 10:45

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: Lavern Wright Aids Corp

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:

The Chairman - Walter A. Lausman
& I, Delois Simmons, was the only
members, Mr. Lausman passed Sept. 17, 2013
he was 90 yrs. old, we owe no one, I
hope I have filled this out correctly

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

Delois Simmons
2215 - 13th St. W.
Brenton, FL.
34205

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.

Delois Simmons
Printed Name of the Person Filing

Delois Simmons
Signature of the Person Filing