

PO1000063599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

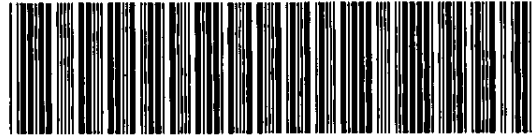
(Document Number)

Certified Copies _____

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12/16/13--01014--017 **43.75

Dissolution

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN -6 PM12:34

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Concepts of Martin County Inc

DOCUMENT NUMBER: P01000063599

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

Please return all correspondence concerning this matter to the following:

Dawn M Miller

(Name of Contact Person)

(Firm/Company)

2587 SE Harrison Street

(Address)

Stuart FL 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn M Miller

(Name of Contact Person)

at (772) 260-0463

(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

FILED
14 JAN -6 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FL 32301



RECEIVED

14 JAN -6 PM 2:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

December 23, 2013

DAWN M MILLER
2587 SE HARRISON STREET
STUART, FL 34997

SUBJECT: FAMILY CONCEPTS OF MARTIN COUNTY, INC.
Ref. Number: P01000063599

We have received your document for FAMILY CONCEPTS OF MARTIN COUNTY, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 013A00029036

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Family Concepts of Martin County Inc

SECOND: The document number of the corporation (if known): P01000063599

THIRD: The date dissolution was authorized: 12-13-13

Effective date of dissolution if applicable: 12-13-13
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: _____

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Dawn M Miller

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILED
14 JAN -6 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35