

PO1000108391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

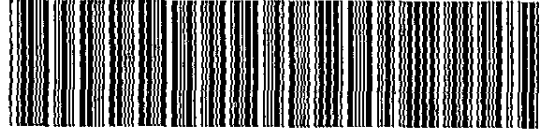
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Vision HR II, Inc.

DOCUMENT NUMBER: PO1000108391

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

Please return all correspondence concerning this matter to the following:

Mondania Drummond

(Name of Contact Person)

Vision HR II, Inc.

(Firm/Company)

347 S. Ridgewood Avenue

(Address)

Daytona Beach, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

Mondania Drummond

(Name of Contact Person)

at (386) 255-7070

(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

12/31/05

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:

Vision HR IV, Inc.

SECOND: The document number of the corporation (if known): PO1000108391

THIRD: The date dissolution was authorized: December 8, 2005

Effective date of dissolution if applicable: December 31, 2005
(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 of 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)

Dennis E. Lilly

(Typed or printed name of person signing)

CEO

(Title of person signing)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 DEC -9 PM 3:40

FILED

Filing Fee: \$35