P02000059275

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(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section

Division of Corporations SUBJECT: Gingerbread Daycare Inc. DOCUMENT NUMBER: P02000059275 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Roger Clark (Name of Contact Person) (Firm/Company) 1392 Trollman Avenue (Address) Deltona, FL 327358 32738 (City/State and Zip Code) For further information concerning this matter, please call: 775-4277 Mary Reynolds, EA (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS: Amendment Section Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

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:			
	Gingerbread Daycare, Inc.	_		
SECOND:	The document number of the corporation (if known): P02000059275			
THIRD:	The date dissolution was authorized: 11/30/05			
	Effective date of dissolution if applicable: 12-31-05 (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 was sufficient for approval.	for dissolution		
	Dissolution was approved by of the shareholders through voting groups.			
	The following statement must be separately provided for each voting group of to vote separately on the plan to dissolve:	entitled		
	The number of votes cast for dissolution was sufficient for approval by			
		OS M		
	(voting group)	DE MAR -2 PH 12: 07 SECRETARY OF STAT		
	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)	STATE STATE FLORIDA		
	Roger Chrk (Typed or printed name of person signing)			
	President (Title of person signing)			

Filing Fee: \$35