

PO2000125233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

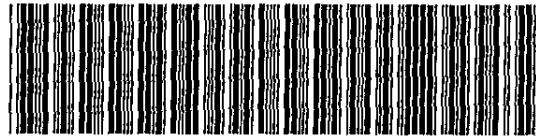
(Business Entity Name)

(Document Number)

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05 MAY 11 AM 9:49

B. McKnight MAY 19 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION TIMUQUANA DAY CARE & LEARNING CENTER INC.

DOCUMENT NUMBER: P02000125233

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

Please return all correspondence concerning this matter to the following:

TRAVIS MOSS

(Name of Person)

TIMUIQUANA DAY CARE & LEARNING CENTER, INC.

(Name of Firm/Company)

5211 TIMUQUANA RD

(Address)

JACKSONVILLE, FLORIDA 32210

(City/State/and Zip Code)

For further information concerning this matter, please call:

CHRIS O'BRIAN

(Name of Person)

at (904) 771-1040

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 Department of State:

TIMUQUANA DAY CARE & LEARNING CENTER, INC.

SECOND: The document number of the corporation (if known): P02000125233

THIRD: The date dissolution was authorized: APRIL 13, 2005

Effective date of dissolution if applicable: APRIL 13, 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)

Signed this 9 day of May, 2005

Signature: Travis Moss

(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)

TRAVIS MOSS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

05 MAY 11 AM 9:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS