

P04000088992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

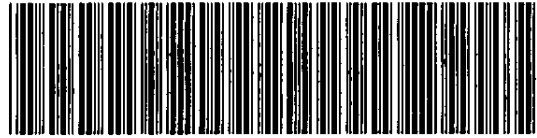
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400175115814

*dis with
notice*

04/12/10--01035--004 **35.00

2010 APR 12 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

*DR
f/leho*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolutions of Community Options of
Central Florida

DOCUMENT NUMBER: PD4000088992

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

Please return all correspondence concerning this matter to the following:

Eleanore Graham
(Name of Contact Person)

Community Options of Central Florida, Inc.
(Firm/Company)

P.O. Box 180481
(Address)

Casselberry, FL 32718
(City/State and Zip Code)

For further information concerning this matter, please call:

Eleanore Graham at (407) 920-0450
(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

1310 W. Colonial Dr., Orlando, FL. 32804

March 19, 2010

To Whom It May Concern:

I would like to inform you that Community Options of Central Florida does no longer exist. The company have gone out of business. Please close out all communications to that address.

Thank you,

The Manager

My EIN # was 86-1081657

My Document # was PO 4000088992

This business has been desolved
and no longer exist.

Thank you

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: Community Options of Central Florida Inc.

SECOND: The document number of the corporation (if known): PO 40000

THIRD: The date dissolution was authorized: 4/5/2010

Effective date of dissolution if applicable: _____
(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

Gwenolyn Evans / Board Member
(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)

Gwen Evans
(Typed or printed name of person signing)

Board Member President
(Title of person signing)

Filing Fee: \$35

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. 607.1407, F.S.

This "*Notice of Corporate Dissolution*" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: Community Options of Central Fla., Inc.

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:

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

P.O. Box 180481
Casselberry, FL 32719

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.

Eleanore Graham

Printed Name of the Person Filing

Eleanore Graham

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00