## P05000047457

| (Requestor's Name)                      |                    |             |  |  |
|---|--------------------|-------------|--|--|
| (A                                      | ddress)            | <del></del> |  |  |
| (Address)                               |                    |             |  |  |
| (City/State/Zip/Phone #)                |                    |             |  |  |
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| (Bi                                     | usiness Entity Nam | ne)         |  |  |
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SECRETARY OF STALEONS
DIVISION OF CORPORATIONS
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## **COVER LETTER**

| Ÿ   | TO: Amendment Section Division of Corporations  |  |  |  |  |
|---|---|--|--|--|--|
|   | SUBJECT: Dissolution of Eldercorner.com, II   |  |  |  |  |
|   | DOCUMENT NUMBER: P050000 47457  |  |  |  |  |
|   | The enclosed Articles of Dissolution and fee are submitted for filing.  |  |  |  |  |
|   | Please return all correspondence concerning this matter to the following:   |  |  |  |  |
|   | Karen O. Gaskell (Name of Contact Person)   |  |  |  |  |
|   |   |  |  |  |  |
|   | Eldercorner, Com, 1nc (Firm/Company)  |  |  |  |  |
|   | 89 Rio Dr   |  |  |  |  |
|   | (Nutress)   |  |  |  |  |
| Ponte Vedra FL 32082<br>(City/State and Zip Code) |   |  |  |  |  |
|   | '(City/State and Zip Code)  |  |  |  |  |
|   | For further information concerning this matter, please call:  |  |  |  |  |
|   | Karen Gaskell at (904) 200-5927  (Name of Contact Person) (Area Code & Daytime Telephone Number)  |  |  |  |  |
|   | Enclosed is a check for the following amount:   |  |  |  |  |
| à   | \$35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$43.75 Filing Fee & \$\Bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  Certificate of Status & Certified Copy (Additional copy is enclosed) |  |  |  |  |
|   | MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle   |  |  |  |  |

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:   |                      |            |  |  |  |
|---------|--|----------------------|------------|--|--|--|
|         | Eldercorner.com, Inc   |                      |            |  |  |  |
| SECOND: | The document number of the corporation (if known): PO500047457   |                      |            |  |  |  |
| THIRD:  | The date dissolution was authorized: March 30, 2006  |                      |            |  |  |  |
|         | Effective date of dissolution if applicable: June 20, 2006 (no more than 90 days after dissolution file of   | iate)                |            |  |  |  |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  |                      |            |  |  |  |
|         | Dissolution was approved by the shareholders. The number of votes cast for own was sufficient for approval.  | lissol               | ution      |  |  |  |
|         | Dissolution was approved by the shareholders through voting groups.  |                      |            |  |  |  |
|         | The following statement must be separately provided for each voting group entitl to vote separately on the plan to dissolve:   | 'ed                  |            |  |  |  |
|         | The number of votes east for dissolution was sufficient for approval by  |                      | VIG.       |  |  |  |
|         |  | IJT 9(               | SECRE      |  |  |  |
|         | (voting group)   | 61 <sup>(</sup> TM § | OF C       |  |  |  |
|         |  | PH                   | RY OF STAT |  |  |  |
|         | Signature: <u>Karen O. Juskell President</u> (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) | <b>₽</b> 13          | RATIONS    |  |  |  |
|         | KAREN O. GASKE!  |                      |            |  |  |  |
|         | President (Title of person signing)  |                      |            |  |  |  |
|         | frame or Larran a Sumply   |                      |            |  |  |  |

Filing Fee: \$35