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## COYER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations
SUBJECT: ARTICLES OF DISSOLUTION dISSOLUE
DOCUMENT NUMBER: P0500062089 C
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KATUCEEN SCHAFFER (Name of Contact Person)
(Name of Contact Person)
GRACE'S FAMILY CONNECTION, INC
(Firm/Company)
221 NW 46 COURT
Ft. landerdale, FL 33309
(City/State and Zip Code)
For further information concerning this matter, please call:
SHERRY HREHA at (954) 467-0492
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed)  \$35 Filing Fee & \$\sum \$
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301



Pursuant to section 607.1401, 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:				
	GRACE'S FAMILY CONNE	CT	101		
SECOND:	The document number of the corporation (if known): $90500$	062	0 8		
THIRD:	The file date the articles of incorporation: $4 - 27 - 05$				
FOURTH:	(CHECK AT LEAST ONE BOX)				
	None of the corporation's shares have been issued.				
	The corporation has not commenced business.				
FIFTH:	No debt of the corporation remains unpaid.				
SIXTH:	The net assets of the corporation remaining after winding up have been die to the shareholders, if shares were issued.	stributed			
SEVENTH:	Adoption of Dissolution (CHECK ONE)				
	☐ A majority of the incorporators authorized the dissolution.	TAS O	•		
	A majority of the directors authorized the dissolution.	SECRETAL ALLAHAS	1		
		ARY OF	įiį		
Sion	ature: Kachten Schoffe	FLORID	<b>.</b>		
O.B.	(By a director, president or other officer - if directors or officers have not been selected, by a in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	in incorporate	r - if		
	KATHLEEN SCHAFFE	R			
	(Typed or printed name of person signing)				
	PRESIDENT				
	(Title of Person Signing)	•	* # * # * *		

Filing Fee: \$35