## P05000121647

| (Re                      | questor's Name)    |           |
|--------------------------|--------------------|-----------|
| (Address)                |                    |           |
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| (City/State/Zip/Phone #) |                    |           |
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| PICK-UP                  | ☐ WAIT             | MAIL      |
| (Bu                      | siness Entity Name | e)        |
|                          | •                  |           |
| (Document Number)        |                    |           |
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| Certified Copies         | _ Certificates     | of Status |
|                          |                    |           |
| Special Instructions to  | Filing Officer:    |           |
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## **COVER LETTER**

| 10:           | Division of Corporations  |   |  |
|---------------|---|---|--|
| SUBJ          | ECT: Velda Oaks of Tallah   | assee, Inc.                                 | · · · · · · · · · · · · · · · · · · ·  |
| DOC           | UMENT NUMBER: <u>P0500012</u>   | 21647                                       |  |
| The e         | nclosed Articles of Dissolution and   | fee are submitted for                       | filing.  |
| Please        | e return all correspondence concerni  | ng this matter to the fo                    | llowing:   |
| Mike          | e Askari  |   |  |
|               | (Name of  | f Contact Person)                           |  |
|               | (Fi   | rm/Company)                                 |  |
| 2417          | 7 Millcreek Ct., Suite 2  |   |  |
|               | (1  | Address)                                    |  |
| Talla         | ahassee, FL 32308   |   |  |
|               | (City/St  | tate and Zip Code)                          |  |
| For fu        | orther information concerning this m  | atter, please call:                         |  |
| Mike          | e Askari  | at (_850)                                   | 270-9700   |
|               | (Name of Contact Person)  | (Area Coo                                   | te & Daytime Telephone Number)   |
| Enclo         | sed is a check for the following amo  | ount:                                       |  |
| <b>√</b> \$35 | 5 Filing Fee \$43.75 Filing Fee & Certificate of Status   | Certified Copy (Additional copy i enclosed) | Certificate of Status &  |
|               | MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | 7<br>1<br>0<br>2                            | TREET ADDRESS: Amendment Section Division of Corporations Clifton Building 661 Executive Center Circle Callahassee, FL 32301 |

## ARTICLES OF DISSOLUTION FILED

| Pursuant to articles of d                               | section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:  SECRETARY OF STATE TALLAHASSEE. FLORIDA   |  |  |  |
|---|--|--|--|--|
| FIRST:  | The name of the corporation as currently filed with the Florida Department of State:   |  |  |  |
|   | Velda Oaks of Tallahassee, Inc.  |  |  |  |
| SECOND:   | The document number of the corporation (if known): P05000121647  |  |  |  |
| THIRD:  | The file date of the articles of incorporation: 09/01/2005   |  |  |  |
| 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 distributed to the shareholders, if shares were issued.   |  |  |  |
| SEVENTH:  | Adoption of Dissolution (CHECK ONE)  |  |  |  |
|   | A majority of the incorporators authorized the dissolution.  |  |  |  |
| A majority of the directors authorized the dissolution. |  |  |  |  |
| Sign  | ature:  (By a director, president or other officer of directors or officers have not been selected, by an incorporator - it in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.) |  |  |  |
|   | Mike Askari (Typed or printed name of person signing)  |  |  |  |
|   | . Director  (Title of Person Signing)  |  |  |  |

Filing Fee: \$35