## P06000020176

(Re	equestor's Name)	<u>, , , , , , , , , , , , , , , , , , , </u>
(Ad	dress)	
(Ad	dress)	
•		
(Cit	ry/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bi	siness Entity Na	me)
, ou	isiness Linky Na	ine)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
<u></u>		

Office Use Only



000127231280

05/02/08--01019--015 \*\*70.00



Voldis Trewis 5-7-08

## COVER LETTER

TO: Amendment, Section

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

**Division of Corporations** Dissollution Business Closed P060000 20176 **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Theresa Perkins (Name of Contact Person) Theresa Perkins Family day Cave In SavaSsta, Fl 3434 (City/State and Zip Code) For further information concerning this matter, please call: Theresa Perkins at (941) 961-4058

(Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) STREET ADDRESS: MAILING ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle



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:
	Theresa Perkins Family dayCare Incorpora
SECOND:	The document number of the corporation (if known): POLO 0000 20176
THIRD:	The date dissolution was authorized: 41-08
	Effective date of dissolution <u>if applicable</u> : $4-1-0\%$ (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
	Theresa Perkins
	(voting group)
	ASST 2
	Signature:  Comparison of the second
•	Theresa Perkins
	(Typed or printed name of person signing)  Dune / President
	(Title of person signing)

Filing Fee: \$35