# Polo000126320

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ALLAHASSEE, FLORIDA

BP 3/4/11

### **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: CLOSING BUSINESS, REDDICK ASSISTED LIVING INC.

Tallahassee, FL 32314

DOCUMENT NUMBER: P060001	26320
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concerni	ng this matter to the following:
ANNIE REDDICK	•
	f Contact Person)
REDDICK ASSISTED LIVING	FACILITY, INC.
(Fi	rm/Company)
871 PINEY WOODS RD.	
(4	Address)
MONTICELLO FL 32344	
(City/Si	tate and Zip Code)
For further information concerning this m	atter, please call:
ANNIE REDDICK	at ( 850 ) 508-7648
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
▼\$35 Filing Fee \$\square\$\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & \$\sum \\$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\sum \\$\$ \\$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	STREET ADDRESS: Amendment Section Division of Corporations Cliffon Building

2661 Executive Center Circle

Tallahassee, FL 32301

Dear Sir,

This notice is to confirm that, Reddick Assisted Living Facility, Inc., is closed for business activities.

Date Closed: December 1, 2008. Effective date of Dissolution, January 1, 2009.

If you have any questions, you may reach me at 850-508-7648.

Anno Reddick

Annie Reddick

## FILED

#### ARTICLES OF DISSOLUTION

2011 MAR -2 PM 3: 31

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits NETFORIDE articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:	
	REDDICK ASSISTED LIVING FACILITY, INC.	
SECOND:	The document number of the corporation (if known): P06000126320	
THIRD:	The file date of the articles of incorporation: 10/3/06	
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.	
Signa	ature: Anne Reddick (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.)	
	ANNIE M. REDDICK	
	(Typed or printed name of person signing)	
	ADMINISTRATOR Director (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: REDDICK ASSISTED LIVING FACILITY, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
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)
ANNIE REDDICK
871 PINEY WOODS RD
MONTICELLO, FL 32344
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.
ANNIE REDDICK Annie Reddick
Printed Name of the Person Filing Signature of the Person Filing

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