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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P080002 4485
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEAN M. DENIS (Name of Contact Person)
The Good Shepherd ASSISTED LIVING FACILITY CENTER (Firm/Company) ENC.
1707 W. OAK STREET (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
TEAN M. DENIS at (407) 257-8087 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy & Certificate of Status & Certified Copy & Certifie
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF DISSOLUTION

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:	
	The Good Shehherd Assisted Living Facility Center The document number of the corporation (if known): POBOBOOD 24485 IN	
SECOND:	The document number of the corporation (if known): POBOOOD 24485 IN	
THIRD:	The file date of the articles of incorporation: $3/7/2008$	
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, predident 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.) (Typed or printed name of person signing)	
	(Typed of printed name of person signing) OWAGE DIRECTOR (Title of Person Signing)	

Filing Fee: \$35