P09000098484

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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JA 4-17-4

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Central Florida Center for Indeper	ndent Living Inc
DOCUMENT NUMBER: P09000098484	
The enclosed Articles of Dissolution and fee are submitted	d for filing.
Please return all correspondence concerning this matter to t	the following:
Carol D. Brown	
(Name of Contact Person))
(Firm/Company)	,
3701 Powers Ridge Co	ourt
(Address)	
Orlando, FL 32808	•
(City/State and Zip Code	e)
For further information concerning this matter, please call:	•
Carol D. Brown at (321	
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
✓ \$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Certified Cop (Additional control enclosed)	py Certificate of Status &
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

	ARTICLES OF DISSOLUTION // APR //
Pursuant to articles of d	section 607.1401, Florida Statutes, this Florida profit corporation submits the following issolution:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	Central Florida Center for Independent Living Inc
SECOND:	The document number of the corporation (if known): N09000098484
ГHIRD:	The file date of the articles of incorporation: 12-07-2009
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 - 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.)
	Carol D. Brown
	(Typed or printed name of person signing)
	President
,	(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: Central Florida Center for Independent Living Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

corporation	on must contain: Date(s), copies of written transactions or agreements
and any o	other proof to substantiate claim.
Mailing addre	ss where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Mailing addre	Central Florida Center for Independent Living, Inc.
Mailing addre	
Mailing addre	Central Florida Center for Independent Living, Inc.

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.

Carol D. Brown

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