

P15000019158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S. TALLENT

MAR 20 2017

V/D

RECEIVED
STATE
OF FLORIDA
TALLAHASSEE

17 MAR 15 PM 2:34

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 14, 2017

AGNES MWAKA
A & M QUAIL RIDGE MANOR
2545 QUAIL PARK TERRACE
KISSIMMEE, FL 34743

SUBJECT: A&M QUAIL RIDGE MANOR INC
Ref. Number: P15000019158

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 217A00002884

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLOSING OF A BUSINESS

DOCUMENT NUMBER: _____

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

AGNES MWAKA
(Name of Contact Person)

A & M QUAIL RIDGE MANOR
(Firm/Company)

2545 QUAIL PARK TERRACE
(Address)

KISSIMMEE FL 34743
(City/State and Zip Code)

For further information concerning this matter, please call:

AGNES MWAKA at (407) 873 2104
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

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:

A & M QUAIL RIDGE MANOR INC

SECOND: The document number of the corporation (if known): P15000019158

THIRD: The date dissolution was authorized: 11/1/16

Effective date of dissolution if applicable: _____

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 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

(voting group)

Signature: _____

(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)

AGNES MWAKA

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

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TALLAHASSEE