

P1700000 67808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

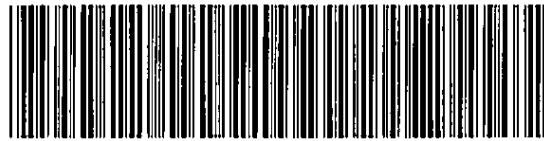
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100340761811

02/26/20--01016--006 \*\*35.00

2020 FEB 26 PM 5:11

150

C GOLDEN

MAR 18 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Good Life Rehabilitative Services Inc.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P17000067808  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Lillie Hamil  
\_\_\_\_\_

(Name of Contact Person)

Good Life Rehabilitative Services Inc.  
\_\_\_\_\_

(Firm/Company)

20081 NE Allen Lane  
\_\_\_\_\_

(Address)

Altha, FL 32421  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Lillie Hamil  
\_\_\_\_\_

(Name of Contact Person)

at ( 850-573-1580

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|---|--|---|---|

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

2015 FEB 25 PM 5:15

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:

Good Life Rehabilitative Services Inc.

SECOND: The document number of the corporation (if known): P17000067808

THIRD: The date dissolution was authorized: 1/1/20

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: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Lillie Hamil

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35