

P95000082839

September 10, 2002

02 SEP 13 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

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*****43.75 *****43.75

Please find enclosed the completed forms for the dissolution of SUNSET ASSISTED LIVING, INC., initially incorporated October 30th, 1995, document number P950000 82839.

Included is my personal check No.1274 for \$43.75, for the filing of the document and a certified copy of the dissolution

Cecilia O. Barrera
Cecilia O. Barrera
P.O.Box 350395
Palm Coast, Florida 32135-0395
386 4453617

PS 9/12/02
DSS



Sunset Assisted Living, Inc.

6 August, 2002

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Dear Sir,

On June 26, 2002, I sent you a letter informing that Department of the closure of my facility, SUNSET ASSISTED LIVING, Inc. License # 0007032, effective July 31st. Unfortunately I failed to include the incorporation document number which is P95000082839, filed October 30, 1995. Therefore, the Corporation is to be dissolved.

I will appreciate your instructions as how to proceed in the closure.

Sincerely,

Cecilia O. Barrera
Owner/Administrator
cob/tbmh

ARTICLES OF DISSOLUTION

FILED

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Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: SUNSET ASSISTED
LIVING, INC. 895000082839

SECOND: The filing date of the articles of incorporation was: OCT 30, 1995

THIRD: (CHECK ONE)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signed this 10th day of SEPTEMBER, 2002.

Signature

Cecilia O. Barrera

(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

CECILIA O. BARRERA.

(Typed or printed name)

OWNER / ADMINISTRATOR

(Title)