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2414 Coup / Way

Migmi, FC 33145

City/State/Zip Phone #

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SECRETARY OF STATE TALLAHASSEE.FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

	LEAT WOMBER(S), (II MINOWI).	
1. (Corporation Name)	(Document #)	en e
2(Corporation Name)	(Document #)	, t e ⊷ e
3. (Corporation Name)	(Document #)	· _ -
4. (Corporation Name)	(Document #)	· · · · · · · · · · · · · · · · · · ·
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy Photocopy Certificate of Statu	
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS -05/03/01-010 Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	872 108019 ****35.00
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other	
CR2E031(7/97)	Examiner's Initials	

ARTICLES OF DISSOLUTION

OI MAY-2 AM 9:28

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the SSEE, FLORIDA

FIRST:	The name of the corporation is: CARING Community Center, Inc
SECOND:	The date dissolution was authorized: 4/26/01
THIRD:	Adoption of Dissolution (CHECK ONE)
Diss was	solution was approved by the shareholders. The number of votes cast for dissolution sufficient for approval.
☐ Diss	solution was approved by vote of the shareholders through voting groups.
Ti er	he following statement must be separately provided for each voting group ntitled to vote separately on the plan to dissolve:
The	number of votes cast for dissolution was sufficient for approval by
	(voting group)
Sign	ned this day of
Signature _	\sim 0
_	(B) the Chairman or Vice Chairman of the Board, President, or other officer)
	MANY JANE HAGUL (Typed or printed name)
	(Typed or printed name) Secretary (Title)