P9900058176

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	∋ #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(De	ocument Number			
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		_		

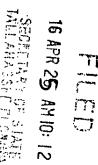
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APR 26 2016 R. WHILE





FLORIDA DEPARTMENT OF STATE Division of Corporations

April 12, 2016

JOHN H. NIXON 320 S YONGE ST ORMOND BEACH, FL 32174

SUBJECT: CAT CARE CLINIC OF ORMOND BEACH, INC.

Ref. Number: P99000078176

We have received your document for CAT CARE CLINIC OF ORMOND BEACH, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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.

Rebekah White Regulatory Specialist II

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Letter Number: 616A00007536

COVER LETTER

TO: Amendment Section

Division of Corporations	
SUBJECT: Cat Care Clinic o	f Ormand Beach, Inc Cla
DOCUMENT NUMBER: <u>P 9 9 0000 7</u>	8176
The enclosed Articles of Dissolution and fee are submi	tted for filing.
Please return all correspondence concerning this matter	to the following:
John H. Nixon (Name of Contact Person (Spring Contact Person (Firm/Company)	nond Beachille
Ormand Beach, FL 3. (City/State and Zip C	
(City/State and Zip C For further information concerning this matter, please c	
$\frac{J_O h_N //\chi_O N}{\text{(Name of Contact Person)}} \text{ at } ($	386 615 6554 Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\text{ \$\text{\$\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}\$}}}}}}} \endotine{\text{\$\}\$}}\$}}\$}}\$}}} text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\te	al copy is Certified Copy
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:			
	Cat Care Clinic of Ormand Beach	2, Inc		
SECOND:	The document number of the corporation (if known): P99 0000 7817 6			
THIRD:	The date dissolution was authorized: $9-25-2015$			
	Effective date of dissolution <u>if applicable</u> : 12-31-2015 (no more than 90 days after dissolution file Note: If the date inserted in this block does not meet the applicable statutory filing requirement 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 was sufficient for approval.	r dissolution		
	☐ Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group entito vote separately on the plan to dissolve:	itled		
	The number of votes cast for dissolution was sufficient for approval by	7 7		
		APR LAN	**	
	(voting group)	25 AM 10: 12		
); ₁₂	_	
	Signature: (By a director, president of 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)			
	Tohn H. N/xon (Typed or printed name of person signing)			
	President (Title of person signing)			