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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: Dissolution **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Kevin Kladakis (Name of Contact Person) **Clearview Manor** (Firm/Company) 1080 S. Clearview Ave. (Address) Tampa FL 33629 (City/State and Zip Code) For further information concerning this matter, please call: Kevin Kladakis (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: ✓\$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) **MAILING ADDRESS:** STREET ADDRESS: Amendment Section Amendment Section **Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301



October 12, 2010

KEVIN KLADAKIS CLEARVIEW MANOR INC 1080 S. CLEARVIEW AVE. TAMPA, FL 33629

SUBJECT: CLEARVIEW MANOR, INC.

Ref. Number: P99000085292

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

## NO DOCUMENT ENCLOSED.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 610A00024144



## 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:	
	Clearlier Manor	
SECOND:	: The document number of the corporation (if known):	
ΓHIRD:	The date dissolution was authorized: /o-5-10	
	Effective date of dissolution <u>if applicable:</u> (no more than 90 days after dissolution file date)	
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	
	majority -	<b></b>
	(voting group)	ECRE
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	<b>1</b> /2	PER PL
	Signature: Confliction of the state of the s	LORID
	(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)	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	

Filing Fee: \$35