# POOOOO 72115

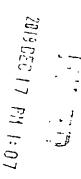
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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R WHITE DEC 3 () 2019 LAW OFFICES

## M. ENGELBERG & L. MILGRIM, P.A.

#### JOÉ DIMAGGIO SUITE 1920 E. HALLANDALE BEACH BOULEVARD, SUITE BOG HALLANDALE BEACH, FLORIDA 33009-4726

MORRIS ENGELBERG
MEMBER: FLORIDA & NEW YORK DAR
EMAIL: morris\_engelberg@bellsouth.net

TELEPHONE (954) 966-3900 FAX (954) 981-2300

EMAIL: engelbergmilgrim@bellsouth.net

LAURIE E. MILGRIM
MEMBER: FLORIDA BAR
EMAIL: launemilgrim@gmail.com

December 16, 2019

## Via Federal Express

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

Re: SAPP INVESTMENTS, INC.

Certificate of Dissolution With Notice

### Dear Sir/Madam:

We are enclosing the following documents in connection with the dissolution of Sapp Investments, Inc. to be effective December 31, 2019:

- 1. An original and one copy of the Articles of Dissolution with Notice for Sapp Investments Limited Partnership.
- 2. Our law firm's trust account check in the amount of \$43.75 representing the filing fee and fee for certified copy.
  - Cover Letter.

Please file the enclosed and return a certified copy us.

Should you have any questions, please do not hesitate to contact the undersigned.

For the Firm

ME/g

**Enclosures** 

cc: Denise M. Cordes, Esquire

Eckell, Sparks, Levy, Auerbach, Monte, Sloane, Matthews & Auslander, P.C.

## **COVER LETTER**

**TO:** Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

**Division of Corporations** SUBJECT: \_\_ **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: MORRIS ENGELBERG, ESQUIRE (Name of Contact Person) M. ENGELBERG & L. MILGRIM, P.A. (Firm/Company) 1920 E. HALLANDALE BEACH BLVD., SUITE 806 (Address) HALLANDALE BEACH, FL 33009 (City/State and Zip Code) For further information concerning this matter, please call: at ((954) 966-3900 (Area Code) (Daytime Telephone Number) G. BYRD (Name of Contact Person) Enclosed is a check for the following amount: □ \$35 Filing Fee □ \$43.75 Filing Fee & ■ \$43.75 Filing Fee & □ \$52.50 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST:					
SECOND:					
THIRD:	The date dissolution was authorized: DECEMBER 12, 2019				
	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:	Adoption of Dissolution (CHECK ONE)				
	<ul> <li>■ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.</li> <li>□ Dissolution was approved by the shareholders through voting groups.</li> <li>The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:</li> <li>The number of votes cast for dissolution was sufficient for approval by</li> </ul>				
					70
					(voting group)
	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)				
	CANDACE F. TESLER				
	(Typed or printed name of person signing)				
		PRESIDENT			
		(Title of person signing)			

Filing Fee: \$35

# **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SAPP INVESTMENTS, INC.	
Date of dissolution will be the date the dissolution is filed will specified in the Articles of Dissolution.	h the Department of State or as
Description of information that must be included in a claim:	
Name, mailing address, street address and telephone number of cla	mant.
Nature and amount of claim.	
Evidence of indebtedness and/or claim.	
Mailing address where claims can be sent: (Claims cannot be	sent to the Division of Corporations)
MORRIS ENGELBERG, ESQUIRE	
M. ENGELBERG & L. MILGRIM, P.A.	
1920 E. HALLANDALE BEACH BLVD., SUITE 806	
HALLANDALE BEACH, FL 33009	
A claim against the above named corporation will be barred twithin 4 years after the filing of this notice.	inless a proceeding to enforce the claim is commenced
CANDACE F. TESLER	Landace F. Texler
Printed Name of the Person Filing	Signature of the Person Filing