

1/18/2016

290835
Division of CorporationsFlorida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOWARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DISSOLUTION OR WITHDRAWAL
EARRING POINT GROVES, INC.

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JAN 20 2016
C. CARROTHERS

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**ARTICLES OF DISSOLUTION
OF
EARRING POINT GROVES, INC.**

Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

ARTICLE I - NAME OF CORPORATION

The name of the corporation is EARRING POINT GROVES, INC. (hereinafter referred to as the "Corporation"). The document number of the Corporation is 290835.

ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized effective December 31, 2015.

ARTICLE III - APPROVAL OF DISSOLUTION

The dissolution was approved by all of the shareholders of the Corporation by written consent dated effective December 31, 2015, pursuant to Section 607.0704 of the Florida Statutes, and the number of votes cast for dissolution was sufficient for approval.

ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution.

Dated this 31st day of December, 2015.

EARRING POINT GROVES, INC., a Florida
corporation

By: _____

Burke Michael Neely, President

2016 JAN 19 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: EARRING POINT GROVES, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

NAME OF CLAIMANT

ADDRESS OF CLAIMANT

AMOUNT OF CLAIM

BASIS OF CLAIM (ATTACH COPY)

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

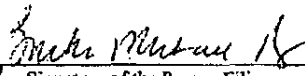
Two Earring Point Drive

Vero Beach, Florida 32963

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Burke Michael Neely

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

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