12/1/2020



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004103313)))



H200004103313ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : 076117000420 Phone : (561)650-0728 Fax Number : (561)671-2527

## DISSOLUTION OR WITHDRAWAL ANGELINE CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF DISSOLUTION OF

## ANGELINE CORP.

(A Florida Profit Corporation)

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation, submits the following Articles of Dissolution:

- 1. The name of this Florida corporation is: ANGELINE CORP. (the "Corporation").
- 2. The document number of the Corporation is 337787.
- 3. The dissolution was approved as of November 5, 2020. The effective date of dissolution is December 1, 2020.
- 4. Dissolution was recommended by the board of directors of the Corporation, and unanimously approved by the holders of all of the issued and outstanding of the capital stock of the Corporation.

DATED: As of Pecender 14, 2020

ANGELINE CORP.

Name: Jennifer C. Bexley

Title: President

## NOTICE OF CORPORATE DISSOLUTION

This Notice of Corporate Dissolution is submitted by the dissolving corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

Name of Corporation: ANGELINE CORP.

**Document Number of Corporation: 337787.** 

Date of Dissolution: as of December 1, 2020.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the corporation or its directors, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: Angeline Corp., PO Box 789, Land O' Lakes, Florida 34639.

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.

ANGELINE CORP.