

616730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

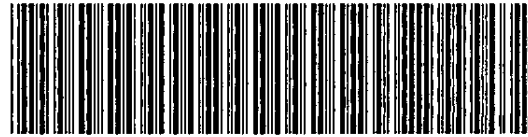
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
11 JAN 24 PM 2:20

dis w/NOT
C.COULLETTE

JAN 25 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF ARNIE SAGER OF BREVARD INC

DOCUMENT NUMBER: 616730

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MS. GERI SIEGEL

(Name of Contact Person)

ARNIE SAGER OF BREVARD INC

(Firm/Company)

1605 N. COCOA BLVD

(Address)

COCOA, FL 32922

(City/State and Zip Code)

For further information concerning this matter, please call:

MS GERI SIEGEL *Gerri Siegel* at (407) 592-2088
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

U \$35 Filing Fee U \$43.75 Filing Fee & U \$43.75 Filing Fee & U \$52.50 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(Additional copy is enclosed) Certified Copy
enclosed) (Additional copy is
enclosed)

MAILING ADDRESS:
Amendment Section

STREET ADDRESS:
Amendment Section

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:

ARNIE SAGER OF BREVARD, INC.

SECOND: The document number of the corporation (if known) 616730

The date dissolution was authorized: DEC. 18, 2010

Effective date of dissolution if applicable: DEC. 30, 2010

FOURTH: Adoption of Dissolution (CHECK ONE)

X Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

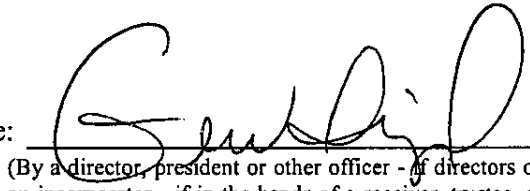
Dissolution was approved by the shareholders through voting groups.

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

(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)

MS GERI SIEGEL

(Typed or printed name of person signing)

VP

(Title of person signing)

Filing Fee: \$35

FILED
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DIVISION OF CORPORATIONS
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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: ARNIE SAGER OF BREVARD, 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:

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

MS GERI SIEGEL

3112 WALNUT ST

ORLANDO, FL. 32806

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.

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