740793

(F	Requestor's Name)	
(<i>F</i>	Address)	
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(0	City/State/Zip/Phone #)	
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SECRETARY OF STATE

AND 135

COVER LETTER

TO: Amendment Section

MAILING ADDRESS:

Division of Corporations

Tallahassee, FL 32314

Amendment Section

P.O. Box 6327

Division of Corporations
SUBJECT: DISSOLUTION OF ORANGE BLOSSOM CB Club, INC.
DOCUMENT NUMBER: 740793
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
BONNIE MANNING (Name of Contact Person)
(Name of Contact Person)
ORANGE BLOSSOM CB CLUB INC (Firm/Company)
2199 BLACK DAK Rd
(Address)
2199 BLACK DAK Rd (Address) PERRY FL 32348 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
BONNIE MANNING at (850) 578-2083
(Name of Contact Person) at (\$50) 578-2083 (Name of Contact Person) (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount: 546 - 0470 C=11
A\$35 Filing Fee \$\Bigcup \$43.75 Filing Fee & Certificate of Status \$\Bigcup \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$\Bigcup \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)

STREET ADDRESS:

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section
Division of Corporations

Clifton Building



RECEIVED 15 JAN 14 AMIT: 06

FLORIDA DEPARTMENT OF STATE

December 31, 2014

BONNIE MANNING ORANGE BLOSSOM C.B. CLUB INC 2199 BLACK OAK RD PERRY, FL 32348

SUBJECT: ORANGE BLOSSOM C.B. CLUB INC.

Ref. Number: 740793

We have received your document for ORANGE BLOSSOM C.B. CLUB 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):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

An effective date can be no more than 90 days after the file date.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 214A00027537

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	ORANGE BLOSSOM CB CLUB INC.		
SECOND:	The name of the corporation as currently filed with the Florida Department of State: **DRANGE BLOSSOM CB CLUB INC.** The document number of the corporation (if known): 740793 Adoption of Dissolution **COMPLETE SECTION LOD II)		
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)		
	SECTION I If the corporation has members entitled to vote:		
	(CHECK/COMPLETE ONE) ☑ The date of meeting of members at which the resolution to dissolve was adopted		
	<u>OCTOBER 16, 2014</u> . The number of votes cast by the members was sufficient for approval.		
	☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes.		
	SECTION II If the corporation has no members or members entitled to vote on the dissolution:		
	The corporation has no members or members entitled to vote on the dissolution.		
	The date of adoption of the resolution by the board of directors was		
	The number of directors in office was and the vote for resolution was for and against. (Must be a majority vote)		
FOURTH	Effective date of dissolution, if applicable: 12-15-14 (no more than 90 days after dissolution file date)		
Signature:	Bornie Marring		
	(By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)		
	BONNIE MANNING		
	(Typed or printed name of person signing)		
	TREASURER (Title of person signing)		
	(

Filing Fee: \$35