

768270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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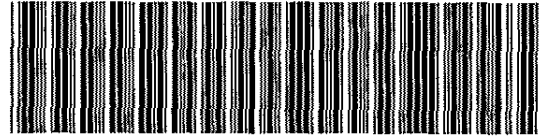
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Rs 8/10/05
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION of NOT-FOR-PROFIT

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

LIZ MORAN
(Name of Person)
CENTRAL FLORIDA CONVENTION SERVICES ASSOCIATION
(Name of Firm/Company)
450 WILSHIRE BLVD, STE 179
(Address)
CASSELBERRY, FL 32707
(City/State/and Zip Code)

For further information concerning this matter, please call:

LIZ MORAN at (407) 831-4117
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

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 is CENTRAL FLORIDA CONVENTION SERVICES
ASSOCIATION, INC.

SECOND: Adoption of dissolution
(Complete Section I or II)

SECTION I

If the corporation has members entitled to vote:

The date of the meeting of members at which the resolution to dissolve was adopted

2 JULY 1, 2005
(CHECK ONE)

☒ The number of votes cast for dissolution was sufficient for approval.

☐ The resolution was adopted by written consent and executed in accordance with
617.0701, Florida Statutes.

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TALLAHASSEE, FLORIDA

SECTION II

If the corporation has no members or members with voting rights:

The corporation has no members or members with voting rights.

The date of adoption of the resolution by the board of directors was _____

The number of directors in office was _____ and the vote for the resolution

was _____ for and _____ against.

Signed this 4th day of AUGUST, 2005.

Signature Elizabeth M. Moran
(By the Chairman or Vice Chairman of the Board, President or other officer)

Elizabeth M. Moran
(Typed or printed name)
Executive Director
(Title)