## H87028

(Requestor's Name)  (Address)  (Address)	800024547778
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL  (Business Entity Name)	
(Document Number)	11/13/0301006007 **52.50
Certified Copies Certificates of Status	33
Special Instructions to Filing Officer:	13 NOW 12 MM 8: UIT

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Dissolution.
MM
11/18/03

## TRANSMITTAL LETTER

TO: Amendment Section

Division of Corporations	_
SUBJECT: Corporation Dissolution	n <u>=</u>
3000BC1	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
·	
Lillian R. Citta	
. (Name of I	
Seacomber, Incorporated	<u></u>
	Firm/Company)
2/8 Washington Street D.O.	Down A
248 Washington Street , P.O.	Address)
	<del>=</del>
Toms River, NJ 08754	e/and Zip Code)
(City/State	and Zip Code)
For further information concerning this mat	ter, please call:
Marie Roselli	at ( <u>732</u> ) <u>349-1600</u>
(Name of Person)	(Area Code & Daytime Telephone Number
Enclosed is a check for the following amour	nt:
□ \$35 Filing Fee □ \$43.75 Filing Fee &	□ \$43.75 Filing Fee & XXX \$52.50 Filing Fee,
Certificate of Status	Certified Copy Certificate of Status &
	(Additional copy is Certified Copy enclosed) (Additional copy is
	enclosed)
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	_ 409 E. Gaines Street
Tallahassee, Florida 32314	Tallahassee, Florida 32399

## 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 Department of State:
	Seacomber, Incorporated
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: November 5, 2003
	Effective date of dissolution if applicable: December 1, 2003  (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE)
	Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
☐ Dissolution was approved by of 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
	Signed this day of
	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)
	Lillian R. Citta PR (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	501e Shareholder/President/Director
	(Title of person signing)

Filing Fee: \$35

## **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:	Seacomber, Incorporated
Date of dissolution will be the date to specified in the Articles of Dissolution	the dissolution is filed with the Department of State or as ion.
Description of information that must	t be included in a claim:
•	esent: (Claims cannot be sent to the Division of Corporations)
248 Washi	ngton Street, P.O. Box 4
	er, NJ 08754
-	
	- · · · · · · · · · · · · · · · · · · ·
A claim against the above named corps commenced within 4 years after the	poration will be barred unless a proceeding to enforce the claim e filing of this notice.
Lillian R. Citta	Fillian R. Cetta
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