

K17024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

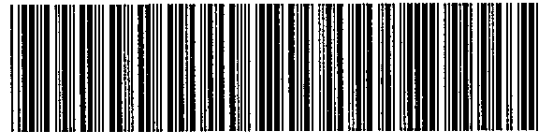
(Document Number)

Certified Copies _____

Certificates of Status ☒

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN CITY UTILITIES, INC. - CORPORATE DISSOLUTION

DOCUMENT NUMBER: K17024

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

Please return all correspondence concerning this matter to the following:

THOMAS R. SPERRING, SR.

(Name of Person)

OCEAN CITY UTILITIES, INC.

(Name of Firm/Company)

2928 NW 22ND STREET

(Address)

GAINESVILLE, FLORIDA 32609

(City/State/and Zip Code)

For further information concerning this matter, please call:

JEROME R. MAURER, JR.

(Name of Person)

at (352) 374-6789

(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 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:

OCEAN CITY UTILITIES, INC.

SECOND: The document number of the corporation (if known): K17024

THIRD: The date dissolution was authorized: NOVEMBER 8, 2004

Effective date of dissolution if applicable: NOVEMBER 8, 2004
(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

(voting group)

Signed this 9 day of NOVEMBER, 2004.

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)

THOMAS R. SPERRING, SR.

(Typed or printed name of person signing)

DIRECTOR / SECRETARY / REGISTERED AGENT

(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: OCEAN CITY UTILITIES, 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:

A LEGIBLE COPY OF THE ORIGINAL INVOICE FOR ITEM CLAIMED INCLUDING DATE, DESCRIPTION
OF ITEM OR SERVICE PROVIDED AND BALANCE DUE. THIS CLAIM MUST BE FOR ITEM OR SERVICE
PROVIDED TO OCEAN CITY UTILITIES, INC. AND NOT TO ANY OF THE SHAREHOLDER'S PERSONALLY.
THIS CLAIM MUST ALSO INCLUDE A STATEMENT OF ACCOUNT HISTORY WITH OCEAN CITY UTILITIES,
INC FOR TWO YEARS PRIOR TO THE DATE OF ITEM CLAIMING FOR PAYMENT.

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

MARIAN RUSH, ESQ.

LAW OFFICE OF RUSH & GLASSMAN

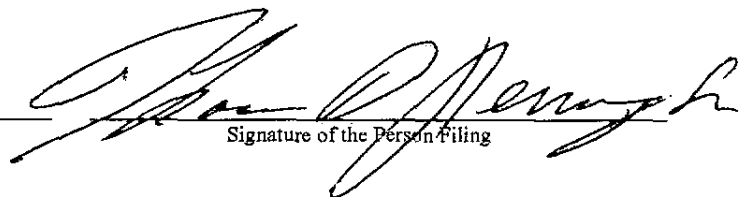
726 NE 1ST STREET

GAINESVILLE, FLORIDA 32601

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.

THOMAS R. SPERRING, SR.

Printed Name of the Person Filing



Signature of the Person Filing