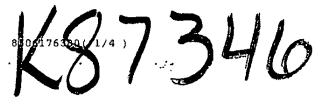
9/14/2016 3:25:09 PM From:

Division of Corporations



Page 1 of 1

## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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(((H16000221347 3)))



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To:

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date of submission 9/6

From:

Account Name

Fax Number

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: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842 : (850)878-5368

DISSOLUTION OR WITHDRAWAL

## SUNRISE BOULEVARD (FL.) ACCESSORY LADY, INC.

Certificate of Status	00
Certified Copy	0 .
Page Count	03
Estimated Charge	\$35.00

\*\*\*Attn: Cheryl McNair\*\*\*

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9/6/2016

16 St. S. ON 3. S.



September 8, 2016

FLORIDA DEPARTMENT OF STATE

SUNRISE BOULEVARD (FL.) ACCESSORY LADY, INC.
11252 LEO LANE
P.O. BOX 299008
DALLAS, TX 75229-4714

SUBJECT: SUNRISE BOULEVARD (FL.) ACCESSORY LADY, INC.

REF: K87346

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

NO DOCUMENT RECEIVED, ONLY COVER LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair Regulatory Specialist II FAX Aud. #: H16000221347 Letter Number: 716A00018969

\*RE-SUBIVIT\*

Please retain original filing date of submission \_9/6\_\_/



## **COVER LETTER**

TO: Amendment Section
Division of Corporations

SUBJECT: SUNRI	SE BOULEVARD (FLA.)	ACCESSORY LADY, INC.	
DOCUMENT NU	MBER:		
The enclosed Artic	les of Dissolution and	fee are submitted for filir	ag.
Please return all co	rrespondence concerni	ng this matter to the follow	ving:
Anthony D. Foti, Esq.			
	(Name of	Contact Person)	
c/o Foot Locker, Inc.			
	(Fir	m/Company)	<del> </del>
330 West 34th Street			
	(/	Address)	
New York, New York	10001		
	(City/St	ate and Zip Code)	·
For further informa	tion concerning this ma	atter, please call:	
Anthony D. Foti, Esq.		at ( <sup>(212)</sup> 720-4474	
(Name of	Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a check	for the following amou	unt:	
☑ \$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 A Amendment Division of	ADDRESS: Section Corporations	Ame	EET ADDRESS:  ndment Section  sion of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF DISSOLUTION

بن 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:  SUNRISE BOULEVARD (FLA.) ACCESSORY LADY, INC.  The document number of the corporation (if known):  [K87346]			
SECOND:				
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)			
	Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
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 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			
	Signature:			
	Sheilagh M. Clarke			
	(Typed or printed name of person signing)			
	Secretary			
	(Title of person signing)			