

L22635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

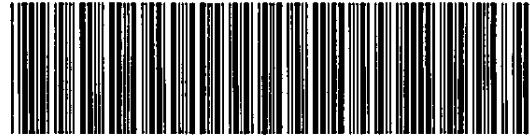
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 FEB 26 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 27 2014

C. CARROTHERS

FOX LAW OFFICES, P.A.
561 NE ZEBRINA SENDA
JENSEN BEACH, FLORIDA 34957
Telephone: (772) 225-6435

Via Federal Express

February 21, 2014

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Dissolution of

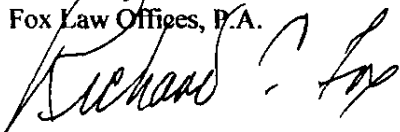
Sarasota Quay, Inc. (Doc No L22635)
Sarasota Quay (U.S.), Inc. (Doc No S02557)
Sarasota Quay (U.S.) No. 2, Inc. (Doc No S20977)
Delavan Energy Services, Inc. (Doc No P93000043584)

Gentlemen:

Enclosed for filing are Articles of Dissolution and a Notice of Corporate Dissolution for each of the above-referenced corporations. Also enclosed is a check payable to Florida Department of State for the total amount of \$175.00, representing the filing fee of \$35.00 for each entity and \$8.75 for a certified copy for each entity.

Please return all correspondence, including the certified copies, to me at the address noted above or call me at 772-225-6435 for further information concerning this matter.

Yours truly,
Fox Law Offices, P.A.



By: Richard C. Fox, Esq.

Enclosures

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14 FEB 26 PM 2: 22
its the following articles
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Sarasota Quay, 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:

name and address of claimant, date and place of event giving rise
to claim, name of Company's management to whom claim originally
reported and date of such report, description of damages and/or
injuries sustained, amount claimed for damages, amount claimed
for personal injuries

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

8001 Desoto Woods Drive

Sarasota, FL 34243

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.

FILED
14 FEB 26 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sheldon Fenton

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