# L31796

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### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: _	THE WIN	IDSONG COMPANY	
DOCUMENT NUMBER:	L31796		
The enclosed Articles of Revocati	on of Dissolu	tion and fee are submitte	ed for filing.
Please return all correspondence c	oncerning this	s matter to the following:	
	SH	ELLEY MARCIANO	
	Name of	Contact Person	
	WL	D ENTERPRISES INC.	
	Firm	/Company	
40	1 E LAS OLA	S BLVD., SUITE 2200	
	À	Address	
	FORT LAU	UDERDALE, FL 33301	
	-	e and Zip Code	
E-mail addre		@WLDENT.COM or future annual report notific	ration)
For further information concerning	g this matter, p	please call:	
SHELLEY MARCIAN	O	At ( <del>954</del> )	523-7771
Name of Contact Per	rson	Area Code & Days	time Telephone Number
Enclosed is a check for the follow	ing amount:		
	Filing Fee & cate 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, FL 32314	S	Street Address: Amendment Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	ction porations G Center Circle

# ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST:	The name of the corporation is:THE WINDSONG COMPANY	
SECOND:	The document number of the corporation (if known) is	
THIRD:	The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is11/30/2014	<del></del>
FOURTH:	The Revocation of Dissolution was authorized on 2 12 15.	15 FEB
FIFTH:	Adoption of Revocation of Dissolution (check one)	18
	<ul> <li>□ The board of directors revoked the dissolution.</li> <li>□ The incorporators revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.</li> <li>□ The shareholders revoked the dissolution and the number of votes cast was sufficie approval.</li> <li>□ The shareholders revoked the dissolution by voting groups - the number of votes can was sufficient for approval.</li> </ul>	
SIXTH:	A copy of the Articles of Dissolution is attached.	
	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)  David W. Horvitz  (Typed or printed name of person signing)	
	President	
	(Title of person signing)	

### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

FIRST:

The name of the corporation as currently filed with the Florida Department of State:

THE WINDSONG COMPANY

SECOND:

The document number of the corporation: L31796

THIRD:

The date dissolution was authorized: November 1, 2014

Effective date of dissolution: November 30, 2014

FOURTH:

Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DAVID W. HORVITZ

**PRESIDENT** 

Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

### FILED Nov 07, 2014 Secretary of State

## **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.

Name of Corporation:

THE WINDSONG COMPANY

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 OF CLAIMANT. ORIGINATION DATE AND AMOUNT OF CLAIM. REASON FOR CLAIM / PAYMENT DUE. EFFORTS MADE TO COLLECT / CONTACTS USED IN COLLECTION EFFORTS.

Mailing address where claims can be sent:

401 EAST LAS OLAS BLVD. SUITE 2200 FORT LAUDERDALE, FL 33301

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.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DAVID W. HORVITZ

Electronic Signature of the Person Filing