

L 95000000868

LAZARUS CORPORATE INDUSTRIES, INC.

Requestor's Name

890 S.W. 87 AVENUE, SUITE: 16

Address

MIAMI, FLORIDA 33174 (305) 552-5973

City/State/Zip

Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Time & Again, L.C.
(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

(Corporation Name) (Document #)

☒ Walk in 3/6/97 ☒ Pick up time 2.00

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certified Copy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|-------------------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input checked="" type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/QUALIFICATION | |
|----------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

7000002119747--3
-03/20/97--01126--022
*****52.50 *****52.50

Examiner's Initials

3/6/97

**ARTICLES OF DISSOLUTION
FOR
A FLORIDA LIMITED LIABILITY COMPANY**

1. The name of the limited liability company is Time & Again, L.C.

2. The effective date of the limited liability company's dissolution is December 31, 1996

3. A description of the occurrence that resulted in the limited liability company's dissolution pursuant to section 608.441, Florida Statutes, (copy of 608.441 on back of cover letter).

By unanimous written agreement of all members

4. CHECK ONE :

☒ All debts, obligations and liabilities of the limited liability company have been paid or discharged.
-OR-

☐ Adequate provision has been made for the debts, obligations and liabilities pursuant to 608.4421.

5. All remaining property and assets have been distributed among its members in accordance with their respective rights and interests.

6. CHECK ONE :

☒ There are no suits pending against the company in any court.
-OR-

☐ Adequate provision has been made for the satisfaction of any judgement, order or decree which may be entered against it in any pending suit.

Signatures of all members :

Signature

Roberta Gould
Gail Newman

Typed or Printed name

Roberta Gould
Gail Newman

FILED
97 MAR -5 PM 4:2
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M95000000198

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section _____, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Hardage Hotels I, L.L.C., L.C. EIN or SS#: 33-0667183

Address: 9255 Towne Centre Drive, Suite 900
San Diego, CA 92121

Amount: \$35.00 Date Paid January 22, 1997

Reason for claim: The registered agent was previously changed when the
97 annual report was filed for: HARDAGE HOTELS I, L.L.C., L.C.
#M95000000198

Certified true and correct this 5th day of March, 19 97.

Signature Eric R. Beck Eric R. Beck/Vice President - Controller

* Must be completed if authority is other than Section 215.26, Florida Statutes.

Velma Shepard - Amendment Section

| For Agency Use Only | |
|--|--|
| Agency recommends approval of above claim and submits the following information to substantiate the claim: | Amount of recommended refund \$ <u>35.00</u> |
| The amount requested above was originally deposited into the State Treasury as a part of the funds deposited on State Treasurer's Receipt No. <u>01019-007</u> dated <u>02/15/1997</u> | |
| Name of Account | <u>45202130001453000000000010000</u> |
| Statutory Authority for Collection | <u>608.0452</u> |
| It is requested that payment be made from the following account: | |
| NAME OF ACCOUNT | <u>452021300014530000000022002000</u> |
| Certified true and correct this _____ day of _____, 19 _____ | |
| Department of State, Division of Corporations (Agency) | (Authorized Signature and Title) |