## M986065

(Requestor's Name)	
(Address)	900230083469
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	04/20/1201027017 **35.00
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only





## 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 Florida Department of State:  AMERICAN LND PLANNING MANAGEMENT, INC		
SECOND:	The document number of the corporation (if known): M98665		
THIRD:	The date dissolution was authorized: 12/31/2011		
	Effective date of dissolution if applicable:  (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 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)		
	TAS 20		
	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)		
	PHILIPPE BEAU		
	(Typed or printed name of person signing)		
	VP		
	(Title of person signing)		

Filing Fee: \$35

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: AMERICAN LAND PLANNING MANAGEMENT, INC		
DOCUMENT NUMBER: M98665	,	
The enclosed Articles of Dissolution and fee	are submitted for filing.	
Please return all correspondence concerning th	nis matter to the following:	
Philippe Beau		
	ntact Person)	
American land Planning Managen	nent, inc	
(Firm/Company)		
PO BOX 1261		
(Address)		
DUNEDIN, FL 34697		
(City/State	and Zip Code)	
For further information concerning this matter, please call:		
Philippe beau	_at (_727) 4093465	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:		
	\$43.75 Filing Fee & \$\begin{array}{l} \$52.50 Filing Fee, \\ Certified Copy & Certificate of Status & \\ (Additional copy is \\ enclosed) & (Additional copy is \\ enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301