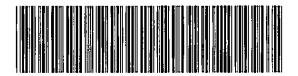
NO2114

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations

SUBJECT: The Lake Lot	tus Community Association, INC.
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution ar	nd fee are submitted for filing.
Please return all correspondence concer-	ning this matter to the following:
MS. Ashley Rogheli	ame of Contact Person)
	nent Services (Firm/Company)
115 Martland Av	
Altamonte Spring	(Address)
For further information concerning this	matter, please call:
Steven D. Fieldma. (Name of Contact Person)	at $(\frac{963}{\text{(Area Code)}})$ $\frac{350-0998}{\text{(Daytime Telephone Number)}}$
Enclosed is a check for the following an	
□\$35 Filing Fee □ \$43.75 Filing Fee & E Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Certified Copy Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)
Mailing Address: Amendment Section	Street Address:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



October 20, 2021

ASHLEY ROGHELIA TOP NOTCH MANAGEMENT SERVICES 115 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701

SUBJECT: THE LAKE LOTUS COMMUNITY ASSOCIATION, INC.

Ref. Number: N02114

We have received your document for THE LAKE LOTUS COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check/complete only 1(one) section regarding the adoption of the dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00025607

Irene Albritton Regulatory Specialist III

www.sunbiz.org

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: otus Community Association SECOND: The document number of the corporation (if known): THIRD: Adoption of Dissolution (COMPLETE SECTION I OR II) SECTION I If the corporation has members entitled to vote: (CHECK/COMPLETE ONE) The date of meeting of members at which the resolution to dissolve was adopted 2021. The number of votes cast by the members was sufficient for ☐ The resolution was adopted by written consent of the members and executed in accordance with section 617.0701, Florida Statutes. SECTION II If the corporation has no members or members entitled to vote on the dissolution: The corporation has no members or members entitled to vote on the dissolution. The date of adoption of the resolution by the board of directors was The number of directors in office was _____ and the vote for resolution was _____ for and _____ against. (Must be a majority vote) Effective date of dissolution, if applicable: FOURTH (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. Signature: (By the chairman or vice chairman of the board, president or other officer- if directors have not been selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) Steven Fieldman (Typed or printed name of person signing)

Filing Fee: \$35