

N02853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

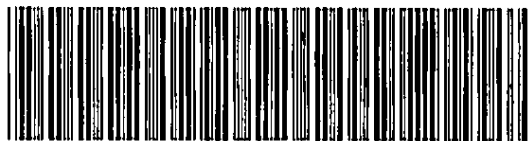
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/23/19--01019--029 **35.00

2019 JUN -4 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUN 05 2019

M. SOLOMON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2019

SANDRA MICHAELS
5204 BOSWELL ROAD
SPRING HILL, FL 34608

SUBJECT: ILLINOIS CLUB OF SPRING HILL FLORIDA, INC.
Ref. Number: N02853

We have received your document for ILLINOIS CLUB OF SPRING HILL FLORIDA, 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):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NONPROFIT CORPORATION. Please complete and return the enclosed blank form(s).

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) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 019A00009420

RECEIVED

JUN 05 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ILLINOIS CLUB OF SPRING HILL FL

DOCUMENT NUMBER: N 02853

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA MICHAELS

(Name of Contact Person)

(Firm/Company)

5204 BOWSELL ROAD

(Address)

SPRING HILL FL 34608

(City/State and Zip Code)

For further information concerning this matter, please call:

SANDRA MICHAELS

(Name of Contact Person)

at (847)

(Area Code)

494-0456

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate 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)

4/22/19 check # 2148
CASHED

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

ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

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

ILLINOIS CACB OF SPRING HILL FC

SECOND: The document number of the corporation (if known): NO 2853

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

4-10-2019. The number of votes cast by the members was sufficient for approval. (17)

☒ 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)

FOURTH Effective date of dissolution, if applicable: 4-30-2019
(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: Sandra Michaels

(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)

SANDRA MICHAELS

(Typed or printed name of person signing)

TREASURER

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
ALLAHABAD, FLORIDA

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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. 617.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: LEWIS CLUB OF SPRING HILL FL

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:

| | |
|---------------------|--|
| 2019 JUN -4 PM 2:23 | SECRETARY OF STATE TALLAHASSEE FL 32310 |
| | |
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| | |
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FILED

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

SANDRA MICHAELS
5204 BOSWELL ROAD
SPRING HILL FL 34608
847-494-0456

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.

SANDRA MICHAELS
Printed Name of the Person Filing

Sandra Michaels
Signature of the Person Filing