

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	o #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEURETARY OF STATE
APASSEE FLORING

(I)

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DISOUTED OF ASSOCIATED	
DISOUTED OF ASSOCIATED DOCUMENT NUMBER: NOSOCOO 1030	
The enclosed Articles of Dissolution and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CAROL THOUS	
(Name of Contact Person)	
(Firm/Company)	
299 NEBBYOOD AV SW	
299 VEBBWOOD AV SW (Address) PALM BAY FC 32908 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
(AROL THOMAS at (321) 7-4 4-73)	
(Name of Contact Person) (Area Code & DaytimeTelephone Number)	
Enclosed is a check for the following amount:	
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \bigcup \\$43.75 Filing Fee & \bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) (Additional copy is enclosed)	
MAILING ADDRESS: STREET ADDRESS:	
Amendment Section Amendment Section Division of Corporations Division of Corporations	
P.O. Box 6327 Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

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•	ARTICLES OF DISSOLUTION	
ARTICLES OF DISSOLUTION O7 APR O7 AP		
FIRST:		
	AURORA MOBILE HOME COURTS ASSOCIATION IN C. The document number of the corporation (if known): NOSCOOD 1030	
SECOND:	The document number of the corporation (if known): NOSOCOL 1030	
THIRD:	The file date of the articles of incorporation:	
FOURTH	The corporation has not commenced to conduct its affairs.	
FIFTH:	No debts of the corporation remains unpaid.	
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	
	The dissolution was authorized by a majority of the directors: OR	
	☐ The dissolution was authorized by an incorporator.	
	☐ The dissolution was authorized by a majority of the incorporators.	
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)	
	CAROC THOMS	
	(Typed or printed name of person signing)	
	PRESIDENTE	
	(Title of person signing)	

Filing Fee: \$35

OURTH:	Effective date of dissolution if applicable:
	(no more than 90 days after dissolution file date)
	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.)
	(Typed or printed name of the person signing)
	PRESIDENT
	(Title of person signing)

FILING FEE: \$35