

N030000003691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JAN -2 PM 2:57

Diss w/notice

JAN - 9 2014
T. CARTER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: N03000003691

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

Please return all correspondence concerning this matter to the following:

THOMAS W. CUNNINGHAM

(Name of Contact Person)

LAKE ANDERSON, INC.

(Firm/Company)

P. O. BOX 2106

(Address)

ORLANDO, FLORIDA 32802-2106

(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS W. CUNNINGHAM

(Name of Contact Person)

at (407)

(Area Code)

855 5735

(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)

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

, section 617.1403, Florida Statutes, this Florida not for profit corporation submits the following
Dissolution:

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

LAKE ANDERSON, INC.

SECOND: The document number of the corporation (if known): N03000003691

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

_____. The number of votes cast by the members was sufficient for approval.

☐ 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 DECEMBER 16, 2013

The number of directors in office was 5 and the vote for resolution was 4 for and 0 against. (Must be a majority vote)

FOURTH Effective date of dissolution, if applicable: DECEMBER 31, 2013
(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)

JAMES M REYNOLDS

(Typed or printed name of person signing)

PRESIDENT AND CHAIRMAN OF THE BOARD

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 JAN -2 PM 2:57

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: LAKE ANDERSON, INC.

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:

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

LAKE ANDERSON, INC.

P. O. BOX 2106

ORLANDO, FLORIDA 32802-2106

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.

THOMAS W. CUNNINGHAM

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00