

NO4000005617

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

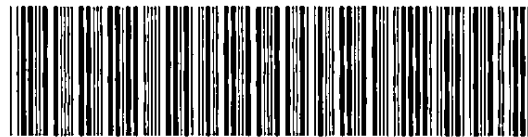
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 12 2010

S. PRATHER



BARRON COLLIER COMMERCIAL

July 6, 2017

Florida Department of State
Amendment Sections
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Dissolutions of Corporations

Gentlemen:

Enclosed please find information for two (2) dissolutions of the following corporations:

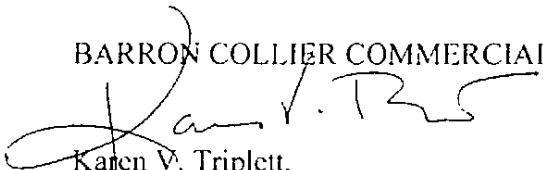
- 1) Creekside Medical Commercial Condominium Association, Inc.
- 2) Creekwood Condominium Association, Inc.

Also enclosed are two (2) checks for \$43.75 for each corporation as payment for the Articles of Dissolution (\$35.00) and one certified copy (\$8.75).

If you have questions, please do not hesitate to contact me at (239) 403-6877.

Very truly yours,

BARRON COLLIER COMMERCIAL



Kallen V. Triplett,
Director of Property Management

KVT/

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CREEKSIDE MEDICAL COMMERCIAL CONDOMINIUM ASSOC., INC.

DOCUMENT NUMBER: N04000005617

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

Please return all correspondence concerning this matter to the following:

Dan Hall

(Name of Contact Person)

Arthrex, Inc.

(Firm/Company)

1370 Creekside Boulevard

{Address})

Naples, FL 34108

(City/State and Zip Code)

For further information concerning this matter, please call:

Dan Hall

at (239)
(Area Code)

598-4302 Ext 71108

(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

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:
Creskide Medical Commercial Condominium Association, Inc.

SECOND: The document number of the corporation (if known): N04000005617

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

June 15, 2017

_____. 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 _____.

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: June 30, 2017

(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)

Dan Hall

(Typed or printed name of person signing)

Secretary/Treasurer

(Title of person signing)

Filing Fee: \$35

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