

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000312845 3)))



H240003128453ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017

Phone Fax Number

: (855)498-5500 : (800)432-3622

DISSOLUTION OR WITHDRAWAL AMELIA CONCOURSE OWNERS ASSOCIATION, INC.

\*\*corrected, please honor original submission date of 9/12/24

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$43.75

\*\*corrected, please honor original submission date of 9/12/24

Electronic Filing Menu

Corporate Filing Menu

Help

850-617-6381

9/13/2024 11:27:59 AM PAGE 1/001 Fax Server



September 13, 2024

FLORIDA DEPARTMENT OF STATE

AMELIA CONCOURSE OWNERS ASSOCIATION, INC.
3333 NEW HYDE PARK RD
SUITE 100
NEW HYDE PARK, NY 11042US

SUBJECT: AMELIA CONCOURSE OWNERS ASSOCIATION, INC.

REF: N04000011468

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Karen A Saly FAX Aud. #: H24000311791 Regulatory Specialist II Letter Number: 024A00020560

H24000312845

## **COVER LETTER**

TO: Amendment Section	
Division of Corporations	
SUBJECT: Amelia Concourse Owners Ass	ociation Inc
DOCUMENT NUMBER: N04000011468	
The enclosed Articles of Dissolution and fee are	submitted for filing.
Please return all correspondence concerning this r	natter to the following:
	HAS:
(Name of Cont	act Person)
Capitol Services - Corporate Filings Team	TA TA
(Firm/Con	ppmy)
515 East Park Avenue 2nd Fl	
(Addres	3)
Tallahassee, FL 32301	
(City/State and	Ztp Code)
For further information concerning this matter, ple	ease call;
	498 - 5500
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:	
	\$43.75 Filing Fee & \$\ \text{S52.50 Filing Fee,} \\ \text{Certified Copy} \\ \text{(Additional copy is enclosed)} \\ \tex

## MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET ADDRESS:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H24000312845

## ARTICLES OF DISSOLUTION

Pursuant to section 617.1403, Elorida 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:		
	Amelia Concourse Owners Association Inc	· · · · · · · · · · · · · · · · · · ·	
SECOND:	The document number of the corporation (if known);	N04000011468	1024 SE
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)	LAHA	10
	SECTION I If the corporation has members entitled to vote:	SSEE. I	₩ 8:
	(CHECK/COMPLETE ONE)  The date of meeting of members at which the resolution	lution to dissolve was adopted	61
	approval. The number of vote	es cast by the members was suffi	cient for
	The resolution was adopted by written consent of t section 617.0701, Florida Statutes.	he members and executed in acc	ordance witi
	SECTION II If the corporation has no members or members en	titled to vote an the dissolution	1:
	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 08/21/2024	<del></del> -
	The number of directors in office was 4 and t and 08/21/2024 against. (Must be a majority vote)	he vote for resolution was	4 for
FOURTH	Effective date of dissolution, if applicable:	08/21/2024	
	(no more Note: If the date inserted in this block does not meet the applied be listed as the document's effective date on the Denartment of the control of t	· - ·	ate will not
	Signature:		
	(By the chairman or vice chairman of the board, president of incorporator- if in the hands of a receiver, trustee, or other		
	Zaffar S Tabani		
	(Typed or printed name of person	tigning)	
	President		
	(Title of person signing)		
	Filing Fee: \$35		

\_\_\_\_\_ H24000312845 \_\_\_\_