N08000001559

(D ₂	Tarabada Nicasa	.
(Requestor's Name)		
(Address)		
(Address)		
	,	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Na	me)
(= -		
(Document Number)		
(00	cument Number)	l
		_
Certified Copies	_ Certificate:	s of Status
Special Instructions to Filing Officer:		

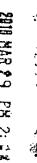
Office Use Only



500311261915

500311261915 03/29/18--01004--015 ***43.75

DEPARTMENT OF STATE



<u>COVER LETTER</u>

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations SUBJECT: LA ROSA DE YBOR CONDOMINIUM ASSOCIATION, INC. DOCUMENT NUMBER: The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Susan K. Spurgeon, Esq. (Name of Contact Person) Pennington, P.A. (Firm/Company) 2701 N. Rocky Point Drive, Suite 900 (Address) Tampa, FL 33607 (City/State and Zip Code) For further information concerning this matter, please call: Susan K. Spurgeon, Esq. at (_____) 639-9599 (Area Code) (Dayti (Name of Contact Person) Enclosed is a check for the following amount: 🗆 \$35 Filing Fee 🚨 \$43.75 Filing Fee & 💆 \$43.75 Filing Fee & 🚨 \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

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: LA ROSA DE YBOR CONDOMINIUM ASSOCIATION, INC. The document number of the corporation (if known): NOSONORO[559] SECOND: THIRD: Adoption of Dissolution (COMPLETE SECTION LOR 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 The number of directors in office was _____ and the vote for resolution was _____ for and _____against. (Must be a majority vote) Effective date of dissolution, if applicable: **FOURTH** (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable scatturory filling requirements, this date will not be listed as the document's effective date on the Department of State's records, Signature: (By the chairman of vice chairman of the board, president or other officers it directors have not been selected, by an incorporators if in the hands of a receiver, trustee, or other court appointed fiduciars, by that fiduciars (Anthony F. Civitello (Typed or printed name of person signing) President

Filing Fee: \$35

(Title of person signing)

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

LA ROSA DE YBOR CONDOMINIUM ASSOCIATION, INC. Name of Corporation 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: The name, address, telephone number and e-mail address of the claimant. A description of the nature of the claim, A monetary amount of the claim, along with a complete itemization of how the monetary amount was determined. Copies of any contracts, agreements or documents on which the claim is based. Any other information the claimant believes is pertinent to the claim. Mailing address where claims can be sent (Claims cannot be sent to the Division of Corporations) Anthony F. Civitello. 159 Palatka Street SE Atlanta, GA 30317 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 Anthony F. Civitello Printed Name of the Person Filmy