N64000009187

(Red	questor's Name)		
(Add	dress)		
(Address)			
(City	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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S. TALLENT

MAY 1 1 2017

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TO: Amendment Section Division of Corporations

SUBJECT: South Florida Roller Girls		<u></u>
DOCUMENT NUMBER: N09000009187		
The enclosed Articles of Dissolution and fee an	re submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Kelli Lee		
(Name of Co	ontact Person)	
South Florida Roller Girls		
(Firm/C	ompany)	
6302 Orange Ave		
(Add	ress)	
Fort Pierce, FL 34950		
(City/State ar	nd Zip Code)	
For further information concerning this matter,	please call:	
Kelli Lee	772 494-9573	
(Name of Contact Person)	at (<u>772</u> (Area Code) 494-9573 (Daytir	ne Telephone Number)
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\mathbb{\textsuperscript{1}}\$		\$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:

South Florida Roller Girle Inc.

SECOND: The document number of the corporation (if known): N09000009187

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

FOURTH

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 $\frac{4/30/2017}{}$.

The number of directors in office was $\frac{1}{}$ and the vote for resolution was $\frac{1}{}$ for and $\frac{0}{}$ against. (Must be a majority vote)

Effective date of dissolution, if applicable: (no more than 90 days after dissolution file date)

<u>Note:</u> 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)

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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: __ 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: No Claims Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Signature of the Person Filing

Printed Name of the Person Filing