02670

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City/	/State/Zip/Phon	9 #)	
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PICK-UP	☐ WAIT	MAIL	
			
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(500			
(560)	ument Number)		
Certified Copies Certificates of Status			
Special Instructions to F	iling Officer:		
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Office Use Only



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01/09/12--01020--009 **35.00

<u>COVER LETTER</u>

TO: Amendment Section

- Division of Corporations		
SUBJECT: Dissolution of Corporation	on	
DOCUMENT NUMBER: N100000026	570	
The enclosed Articles of Dissolution and fee a	are submitted for filing.	
Please return all correspondence concerning th	is matter to the following:	
Lawrence A. Glinzman		
(Name of C	Contact Person)	
Stonewall Democrats of Volusia &	Flagler	
(Firm/	Company)	
26 Ocean Breeze Cir		
(Add	dress)	
Ormond Beach, FL 32176		
(City/State a	and Zip Code)	
For further information concerning this matter,	, please call:	
Lawrence Glinzman	at (561) 302-6655	
(Name of Contact Person)	(Area Code & DaytimeTelephone Numb	er)
Enclosed is a check for the following amount:		
✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Certified Copy (Additional copy is enclosed) (Additional coenclosed)	Status &
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 Cir	cle .

Tallahassee, FL 32301



FILED

2012 JAN -9 PM 4: 12

SECRETARY OF STATE

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:		
,	Stonewall Democrats of Volusia & Flagler, Inc.		
SECOND:	The document number of the corporation (if known): N10000002670		
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 the 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 1/4/2012		
	The number of directors in office was 4 and the vote for resolution was		
	for and 0 against. (must be a majority vote)		

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.)	
Lawrence A. Glinzman	
(Typed or printed name of the person signing)	
President	
(Title of person signing)	

FILING FEE: \$35

(no more than 90 days after dissolution file date)

Effective date of dissolution if applicable: 2/1/2012

FOURTH:

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: Stonewall Democrats Of Volusia & Flagler 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: Date and services rendered Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Lawrence A. Glinzman 26 ocean Breeze Cir Ormond Beach, FL 32176 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. Lawrence A. Glinzman Signature of the Person Einne

Printed Name of the Person Filing