

N120000004247

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 FEB 14 PM 11:16

Dissolution

EFFECTIVE DATE  
02-28-2014

James Dinapol have  
Authorization BY PROX TO  
CORRE Adoption of Diss  
DATE 2-21-2014  
DOC EXAM T. Carter

FEB 21 2014  
T. CARTER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2014

JAMES DINAPOLI  
113 MELANIE DRIVE  
LAKE PLACID, FL 33852 US

SUBJECT: OL' SOUTH PARROT HEAD CLUB, INC.  
Ref. Number: N12000004247

We have received your document for OL' SOUTH PARROT HEAD CLUB, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

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) 245-6050.

Tina D Carter  
Regulatory Specialist

Letter Number: 214A00001255

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OL' SOUTH PARROT HEAD CLUB, INC.

**DOCUMENT NUMBER:** N12000004247

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

Please return all correspondence concerning this matter to the following:

JAMES DINAPOLI

(Name of Contact Person)

(Firm/Company)

113 MELANIE DRIVE

(Address)

LAKE PLACID, FL 33852

(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES DINAPOLI

(Name of Contact Person)

at ( 863 ) 699-1700

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
| <u>\$10 AS PER INSTRUCTIONS</u>          |  |   |   |

**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:

OL' SOUTH PARROT HEAD CLUB, INC

SECOND: The document number of the corporation (if known): N12000004247

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

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 1-10-2014.

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

FOURTH Effective date of dissolution, if applicable: 2-28-2014  
(no more than 90 days after dissolution file date)

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)

JAMES DINAPOLI

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

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