

N130000004831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

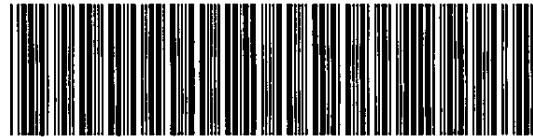
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100256036051

02/10/14--01045--015 \*\*35.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 FEB -7 PM 10:32

And Diss  
@ 2.11.14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Notice of Dissolution

**DOCUMENT NUMBER:** 113 00000 4831

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

Please return all correspondence concerning this matter to the following:

Braxton Hinton Sr.  
(Name of Contact Person)

Bochelle Community Association, Inc.  
(Firm/Company)

5707 South East County Road 234  
(Address)

Ltainesville, FL 32641  
(City/State and Zip Code)

For further information concerning this matter, please call:

Braxton Hinton Sr at ( 352 ) 372-6005  
(Name of Contact Person) (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) |
|--|--|---|---|

**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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 27, 2014

BRAXTON LINTON  
ROCHELLE COMMUNITY ASSOCIATION, INC.  
5807 SE COUNTY ROAD 234  
GAINESVILLE, FL 32641

SUBJECT: ROCHELLE COMMUNITY ASSOCIATION, INC.  
Ref. Number: N13000004831

We have received your document for ROCHELLE COMMUNITY ASSOCIATION, INC.. However, the document has not been filed and is being returned for the following:

The fee to file your document is \$35.

Please list the corporate name and document number on the form in the first and second section.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 214A00001785

RECEIVED  
14 FEB -7 PM 1:04  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## 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:

Bochelle Community Association, Inc.

SECOND: The document number of the corporation (if known): 113 010004831

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 January 17, 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: 2-6-2014  
(no more than 90 days after dissolution file date)

Signature: Braxton Linton Sr.  
(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)

Braxton Linton Sr.  
(Typed or printed name of person signing)

President  
(Title of person signing)

Filing Fee: \$35

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES  
14 FEB - 7 PM 10:32