

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000223440 3)))



H190002234403ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : BURR & FORMAN LLP
Account Number : I19990000278
Phone : (407) 540-6600
Fax Number : (407) 540-6601

DISSOLUTION OR WITHDRAWAL
RIVER BEND AMENITY CENTER, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

Ltipson@burr.com

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
2019 JUL 25 AM 9:24
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2019 JUL 25 PM 2:54

JUL 26 2019
C. Kinsey

(((H19000223440 3)))

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:
RIVER BEND AMENITY CENTER, INC.

SECOND: The document number of the corporation (if known): N1400003830

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

July 11, 2019

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)

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

Note: 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 elected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Iayne Tingley

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECTION II
TALLAHASSEE, FL

2019 JUL 25 AM 9:24

FILED

(((H19000223440 3)))

(((H19000223440 3)))

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: RIVER BEND AMENITY CENTER, INC.

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:

1. The name and address of the claimant. 2. The date the claim arose.
3. The nature of the claim. 4. The amount of claim.
5. Copies of any and all documents or instruments evidencing or memorializing claim.
6. The claimant(s)' United States social security number, federal identification number or appropriate taxpayer I.D. number.
7. Each claim must be submitted separately.

Mailing address where claims can be sent; (Claims cannot be sent to the Division of Corporations)

201 North Franklin Street

Suite 3200

Tampa, Florida, 33602

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.

Scott Steady

Printed Name of the Person Filing


Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

(((H19000223440 3)))