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			Note										
			To: Division of Corporations Fax Number : (850)617~6380										
			From: Account Name : TRIAD PROFESSIONAL SERVICES Account Number : I20160000008 Phone : (850)777-2091 Fax Number : (770)220-1943										
		сн њіз	DISSOLUTION OR WITHDRAWAL LEGACY ESTATES ON PALMER RANCH HOMEOWNERS ASSOCIATIO										
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

TO: Amendment Section **Division of Corporations**

Legacy Estates on Palmer Ranch Homeowners Association, Inc. SUBJECT:

DOCUMENT NUMBER: N16000007391

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

Please return all correspondence concerning this matter to the following:

Sharon K. Gray

(Name of Contact Person)

Triad Professional Services

(Firm/Company)

1720 Windward Concoure, Ste. 390

(Address)

Alpharetta, GA 30005

(City/State and Zip Code)

For further information concerning this matter, please call:

Sharon K. Gray (Name of Contact Person)

at (770) (Area Code) 777-2091 (Daytime Telephone Number)

Enclosed is a check for the following amount:

🗅 \$35 Filing Fee 🚨 \$43.75 Filing Fee & 🚔 \$43.75 Filing Fee & 🗅 \$52.50 Filing Fee, Certificate of Status

Certified Copy (Additional copy is enclosed)

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

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ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, 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 Legacy Estates on Palmer Ranch Homeowners Association, Inc.	:		
SECOND:	The document number of the corporation (if known): N16000007391			
THIRD:	The file date of the articles of incorporation: 07/26/2016			
FOURTH	The corporation has not commenced to conduct its affairs.			
FIFTH:	No debts of the corporation remains unpaid.			
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)			
	The dissolution was authorized by a majority of the directors: OR	SECT	16	
	The dissolution was authorized by an incorporator.	AHAS	NON	<u> </u>
Sian	The dissolution was authorized by a majority of the incorporators. ature:	AY OF STATE, See, florida	10 AN 10: 23	ED
S ign	(By the chairman or vice chairman of the board, president of other officer- if directors have not selected, by an incorporator- if in the bands of a receiver, trustee, or other court appointed fiduci that fiduciary)			

Anthony J. Burdett

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

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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:

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.

Printed Name of the Person Filing

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Signature of the Person Filing

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

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