## N17000001745

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duninger Entity Mars)
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TO PLAN - 7 PH 5: 34

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: DISSOLUTION	,,,			
DOCUMENT NUMBER: N1700000	01745	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles of Dissolution and fee a	are submitted for fi	iling.		
Please return all correspondence concerning th	is matter to the fol	lowing:		
DAN KUMMER				
(Name of C	Contact Person)			
158 OLD WINKLE POIN	Company)		200000	k, e
NORTHPORT, NY 11768	dress)			19 648 - 7
(City/State	and Zip Code)			-1
For further information concerning this matter.	, please call:			PH 5: 34
DAN KUMMER	<sub>at (</sub> 516 )	375-	7247	
(Name of Contact Person)	(Area Code)	(Dayti	me Telephone Number)	4 5: 3r
Enclosed is a check for the following amount:				
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing In Certified Copy (Additional copenclosed)		\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed)	&
MAILING ADDRESS: Amendment Section Division of Corporations	A D	mendmen ivision of	Corporations	
P.O. Box 6327	Clifton Building			

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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:		
	THE COURTYARDS AT LAKE SUZY HOME OWNERS ASSOCIATION, INC.		
SECOND:	The document number of the corporation (if known):  N17000001745		
THIRD:	The file date of the articles of incorporation: 02/15/2017		
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)	19	:
	<ul><li>■ The dissolution was authorized by a majority of the directors:</li><li>OR</li></ul>	19 11AR - T	
	☐ The dissolution was authorized by an incorporator.	PF	
	☐ The dissolution was authorized by a majority of the incorporators.	ડે.	RATIO

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)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35