

Electronic Filing Cover Sheet

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To:	Division of Com	rporations		
	Fax Number	: (850)617-6380		
From:				
		: CAPITOL SERVICES,	INC.	
		: 120160000017		
		: (855)498-5500		<u> </u>
	Fax Number	: (800)432-3622		2023
				0
	DISSOL	UTION OR WITH	DRAWAL	DEC
		UTION OR WITH VENICE ISLAND		0
		VENICE ISLAND		DEC 28 F
	AE	VENICE ISLAND		DEC 28 F
	AE Certificate of	VENICE ISLAND		DEC 28

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COVER LETTER

H23000440642

TO: Amendment Section Division of Corporations

SUBJECT: ______ All Venice Island, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Tiffany Brinkley

(Name	of Contact Person)	
Polsinelli PC		
(Fi	rm/Company)	
501 Commerce Street, Suite 1300		
	(Address)	
Nashville, TN 37219		
(City/St	ate and Zip Code)	
For further information concerning this mat	ter, please call:	
Tiffany Brinkley	at (615	252-3957
(Name of Contact Person)	(Arca Code)	(Daytime Telephone Number)
Enclosed is a check for the following amou	nt:	
		50 Filing Fee, Certificate of tus & Certified Copy (Additional copy is enclosed)
<u>Mailing Address;</u> Amendment Section Division of Corporations		ess: ont Section of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centr 2415 N. M	c of Tallahassee Ionroe Street, Suite 810 ec, FL 32303

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H23000440642

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 cor	poration as currently	y filed with the	Florida Department of	State:

AE Venice Island, Inc.

SECOND:	The document number of the corporation (if known): N19000004326						
THIRD:	Adoption of Dissolution (COMPLETE SECTION I OR II)						
	SECTION I $\square \subseteq \square \subseteq \square \subseteq \square$ $\square \subseteq \square \subseteq \square \subseteq \square$ If the corporation has members entitled to vote: $\square \subseteq \square \subseteq \square \subseteq \square$						
	(CHECK/COMPLETE ONE) $\overbrace{\bigcirc}^{\cong}$ \Box 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.						
with	The resolution was adopted by written consent of the members and executed in accordance						
	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) <u>Note:</u> 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: /s/ Cory Wake						
	(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)						
	Cory Wake						
	(Typed or printed name of person signing)						
	Director and Secretary						

(Title of person signing)