

N39151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

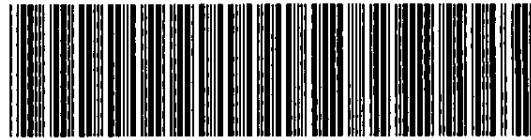
(Business Entity Name)

(Document Number)

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

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FILED  
12 MAR 19 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 19 2012  
T. ROBERTS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 16, 2012

WILLIAM J. SEMMER  
FT.MYERS BEACH 4TH OF JULY FIREWORKS COM  
1130 MAIN ST  
FORT MYERS BCH, FL 33931

SUBJECT: FT. MYERS BEACH 4TH OF JULY FIREWORKS COMMITTEE, INC.  
Ref. Number: N39151

We have received your document for FT. MYERS BEACH 4TH OF JULY FIREWORKS COMMITTEE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Complete section I or II. Do not complete both sections.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tina Roberts  
Regulatory Specialist II

Letter Number: 012A00007258

RECEIVED  
12 MAR 19 AM 9:11  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Ft. Myers Beach 4th of July Fireworks Committee, Inc.

**DOCUMENT NUMBER:** N39151

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

Please return all correspondence concerning this matter to the following:

William J. Semmer  
(Name of Contact Person)

Ft. Myers Beach 4th of July Fireworks Committee, Inc.  
(Firm/Company)

1130 Main Street  
(Address)

Fort Myers Beach, FL 33931  
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Semmer at ( 239 ) 463-2588  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$35 Filing Fee     \$43.75 Filing Fee & Certificate of Status     \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)     \$52.50 Filing Fee, 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

**FILED**

**12 MAR 19 PM 5:00**

**SECRETARY OF STATE  
ARTICLES OF DISSOLUTION TALLAHASSEE FLORIDA**

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:

Fort Myers Beach 4th of July Fireworks Committee, Inc.

SECOND: The document number of the corporation (if known): N39151

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 the 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**

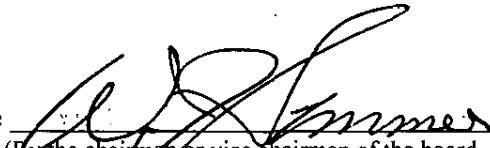
**If the corporation has no members or members entitled to vote on the dissolution:**

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 \_\_\_\_\_ .

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)

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.)

William J. Semmer  
(Typed or printed name of the person signing)

Director  
(Title of person signing)

**FILING FEE: \$35**