

1795-000001475-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

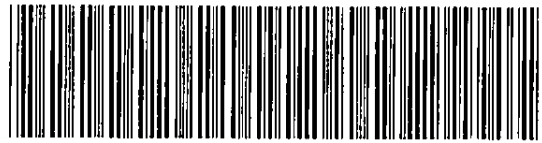
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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6-4-24 01019-008
\$38.00

2024 JUN 14 PM 12:03

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOTICE OF CORP DISSOLUTION: 1400 OAK WEST CONDO ASS'N

DOCUMENT NUMBER: 892000001473

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

Please return all correspondence concerning this matter to the following:

ANGELA J. STANLEY

(Name of Contact Person)

STANLEY LAW CENTER, P.L.

(Firm/Company)

604 COURTLAND STREET, SUITE 320

(Address)

ORLANDO, FL 32804

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGELA J. STANLEY

(Name of Contact Person)

407

at (Area Code)

705-2722

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2024 JUL -4 PM 12:03

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: 1400 OAK WEST CONDOMINIUM ASSOCIATION, 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:

NAME, ADDRESS, EMAIL, AND PHONE OF CLAIMANT AND/OR CLAIMANT'S ATTORNEY

AMOUNT OF CLAIM AND WHETHER THE CLAIM IS SECURED

BASIS OF THE CLAIM AND SUPPORTING DOCUMENTS INCLUDING INVOICES, BILLS, RECEIPTS,

CANCELLED CHECKS, ESTIMATES, REPORTS, ETC.

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

1400 OAK WEST CONDOMINIUM ASSOCIATION, INC.

C/O. STANLEY LAW CENTER

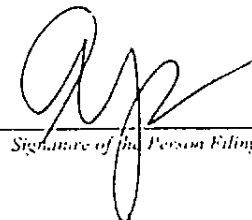
604 COURTLAND STREET, SUITE 320

ORLANDO, FLORIDA 32804

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.

ANGELA J. STANLEY

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