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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Florida Department of State

Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6380

001812.153765

From: Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

**DISSOLUTION OR WITHDRAWAL  
SUNRISE OCEAN CLUB CORPORATION**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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### ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
SUNRISE OCEAN CLUB CORPORATION

SECOND: The document number of the corporation (if known): P00000005562

THIRD: The date dissolution was authorized: 08/30/2011

Effective date of dissolution if applicable: \_\_\_\_\_  
(no more than 90 days after dissolution (file date))

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signature: Camille O. Hoffmann  
(By a director, president or other officer - If directors or officers have not been selected, by an incorporator - If in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

CAMILLE O. HOFFMANN

(Typed or printed name of person signing)

PRESIDENT

(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. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: SUNRISE OCEAN CLUB 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:

1. NAME OF PARTIES MAKING CLAIMS.
2. ADDRESS, PHONE NUMBER, ADDRESS AND FAX NUMBER OF PARTIES MAKING CLAIMS.
3. FACTUAL DESCRIPTION OF CLAIMS INCLUDING RELEVANT DETAILS AND DATES.

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

SUNRISE OCEAN CLUB CORPORATION  
C/O OLIVER-HOFFMANN CORPORATION  
78251 OLESEN DRIVE  
NAPERVILLE, IL 60540

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.

CAMILLE O. HOFFMANN

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

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