

P00000566/3

(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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200163686542

12/29/09--01022--008 **43.75

EFFECTIVE DATE
12-31-09

DIS
[Signature]

FILED
2009 DEC 29 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-4-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution for Pace Outfitters, Inc.

DOCUMENT NUMBER: P00000056613

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

Please return all correspondence concerning this matter to the following:

Michael R. Saporito

(Name of Contact Person)

Pace Outfitters, Inc

(Firm/Company)

607 Morgan Street

(Address)

Winter Springs, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael R. Saporito

(Name of Contact Person)

at (407)

461 1561

(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

ARTICLES OF DISSOLUTION

EFFECTIVE DATE
12/31/09

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:

Pace Outfitters, Inc.

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

THIRD: The date dissolution was authorized: December 24, 2009

Effective date of dissolution if applicable: December 31, 2009
(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: _____

(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)

Michael R. Saporito

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC 29 AM 10:32

FILED

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 1504 Island Blvd, INC
2. The principal office address: 1140 E Hallandale Beach Blvd. Hallandale Beach, FL 33009
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/03/2000 Document number: P00000000157
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Law Center Of the Americas, LLC

701 Brickell Avenue, Suite 1400 Miami, FL 33131

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):


Ariel Bentata

1140 E Hallandale Beach Blvd. Hallandale FL 33009

P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Jack Goldstein -Vice president

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

December 21, 2009

Date

If signing on behalf of an entity:

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
2009 DEC 29 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA