## P00000069627

(Re	equestor's Name)	
, (Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phone	»#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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## **COVER LETTEI:**

TO: Amendment Section Division of Corporations
SUBJECT: USA COASTAL REALTY FAC.
DOCUMENT NUMBER: P000 000 6 9627
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Sax
(Name of Contact Person), Realty
258 Commercial Blul (201)
LANDERLAGE BY HE LAS FC 333
(City/State and Zip Code)
For further information concerning this matter, please call:
PAJ My at (257) 233-2272 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)  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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation of dissolution: FIRST: The name of the cornoration as currently filed with the Florida Department of State: SECOND: The document number of the corporation (if known): THIRD: The date dissolution was authorized: 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 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) (Typed or printed name of person signing)

Filing Fee: \$35

(Title of person signing)

## **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown classes 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. 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: Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) 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.

Signature of the Person Filing

Printed Name of the Person Filing