100000091207

(Red	uestor's Name)	
(Add	lress)	
(Add	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne) : .
. (Doc	cument Number)	
Certified Copies	Certificates	s of Status
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COVER LETTER

.TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations		
SUBJECT: ANTONIO INLAND PROF	PERTIES, INC	
DOCUMENT NUMBER: P0000009120	07	
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
SUSAN L LARSON		
(Name of Contact Person)		
FCS INDUSTRIAL SERVICES, INC. (Firm/Company)		
1025 BLANTON ST.		
(Address)		
TITUSVILLE, FL 32796		
(City/State at	nd Zip Code)	
For further information concerning this matter,	please call:	
JAY WILSON (Name of Contact Person)	at (386) 427-4514 (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	(Area code & Daytime Telephone Number)	
S35 Filing Fee \$\$43.75 Filing Fee & Certificate of Status		
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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 submits the following articles of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	ANTONIO INLAND PROPERTIES, INC.
SECOND:	The document number of the corporation (if known): P00000091207
THIRD:	The date dissolution was authorized: 11/01/2009
	Effective date of dissolution if applicable: 11/27/2009 (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 east 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 east for dissolution was sufficient for approval by
	Signature: (By a director, president or other officer - if directors or officers have not been selected, by the incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) JAY WILSON
	(Types of printed name of person signing)
	SECRETARY (Title of person signing)

Filing Fee: \$35

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: ANTONIO INLAND PROPERTIES, INC v
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
NAME OF CLAIMAINT
DATE ALLEGED CLAIM OCCURRED
AMOUNT OF ALL'EGED CLAIM
PURPOSE FOR ALLEGED CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
JAY WILSON
248 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence

JAY WILSON

within 4 years after the filing of this notice.

Printed Name of the Person Filing

Signature of the Person Filing