

FB100004355/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

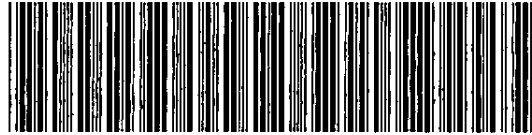
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 JUL -3 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Amended

Valds
CRB 7/14



**NATIONAL DEVELOPER
OF THE YEAR**



June 30, 2008

300 S.E. 2nd Street
Ft. Lauderdale, Florida 33301
954.627.9350
954.627.9393 Fax
stiles.com
stiles@stiles.com

VIA CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: ARTICLES OF DISSOLUTION

Enclosed please find one (1) Application of Dissolution form **dissolving** each of the following corporations:

- *Sabre Ell, Inc. – Document #P01000043551; and*
- *Seola II, Inc. – Document #P96000099095.*

Also enclosed please find our checks each in the sum of \$35.00 to cover the fee for the above requested filings.

If you have any questions please feel free to contact me at (954) 627-9156.

Please return all correspondence concerning this matter to the following:

Judy Sherman
c/o Stiles Corporation
300 S.E. 2nd Street
Fort Lauderdale, F 33301

Sincerely yours,

STILES CORPORATION

Judy Sherman
Closing Coordinator
js

Enclosures

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 Department of State:

SABRE ELL, INC.

SECOND: The document number of the corporation (if known): P01000043551

THIRD: The date dissolution was authorized: June 9, 2008

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)

Signed this _____ day of _____, _____.

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)

TERRY W. STILES

(Typed or printed name of person signing)

President

(Title of person signing)

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08 JUL -3 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$35