# P01000083524

(Req	uestor's Name)	<del> </del>
(Add	iress)	
,	ress)	
(City	/State/Zip/Phone	<del>?</del> #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

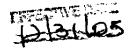
Office Use Only



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12/15/05--01022--022 \*\*35.00



FILED

05 DEC 30 M II: 38

SECRETARY OF STATE
TAILAHASSEE, FLORIDA

2524:00672

# **COVER LETTER**

Division of Corporations	
SUBJECT: DISSOlution of Cor	poration
DOCUMENT NUMBER: PO10008	3524
The enclosed Articles of Dissolution and fee are sub-	mitted for filing.
Please return all correspondence concerning this matt	er to the following:
Martha Bross (Name of Contact Po	
(Name of Contact Pe	erson)
Gulfstream Pool Care Inc	1
(Firm/Compan	y)
5605 SW 1HhP1.	
(Audiess)	
Cape Coral, Fl. 38914	
(City/State and Zip	Code)
For further information concerning this matter, please	e call:
Martha Bross at (	239 ) 549-8904
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
MAILING ADDRESS:	STREET ADDRESS:
Amendment Section Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301



### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2005

Martha Bross Gulfstream Pool Care Inc. 5605 SW 11th Place Cape Coral, FL 33914

SUBJECT: GULFSTREAM POOL CARE, INC.

Ref. Number: P01000083524

We have received your document for GULFSTREAM POOL CARE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

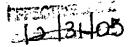
The document must state the date the dissolution was authorized.

The date that you put in the third paragraph is the effective date. Please state the date the dissolution was voted on by the shareholders.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 005A00074177



# ARTICLES OF DISSOLUTION

Pursuant to of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State: $\omega$
	The name of the corporation as currently filed with the Florida Department of State: 3 Gulfstream Pool Care, Tric.  The document number of the corporation (if known): POLOGO 8353
SECOND:	The document number of the corporation (if known): P0100008350
THIRD:	The date dissolution was authorized: 10-15-05
	Effective date of dissolution if applicable: 13-31-05 (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 of 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
	Officers - President & Vice President (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)
	Martha J. Bross Pres. (Typed or printed name of person signing)
	President (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. Gulfetream Pool Care Inc Name of 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: Dates, locations and all information pertaining to the reason for any claim. Names and address information of who 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.