

P01000083524

(Requestor's Name)

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(Address)

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(Business Entity Name)

(Document Number)

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*dis  
with  
notice*

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

~~RECEIVED~~  
*12/31/05*

FILED  
05 DEC 30 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*OR  
12/30/05*

*\*00789, 00524, 00524, 00672*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Dissolution of Corporation

**DOCUMENT NUMBER:** P01000083524

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

Please return all correspondence concerning this matter to the following:

Martha Bross

(Name of Contact Person)

Gulfstream Pool Care Inc.

(Firm/Company)

5605 SW 11th Pl.

(Address)

Cape Coral, Fl. 33914

(City/State and Zip Code)

For further information concerning this matter, please call:

Martha Bross

(Name of Contact Person)

at ( 239 ) 549-8904

(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



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

12-13-05

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
05 DEC 30 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
Gulfstream Pool Care, Inc.

SECOND: The document number of the corporation (if known): P0100008352

THIRD: The date dissolution was authorized: ~~12-15-05~~ 10-15-05

Effective date of dissolution if applicable: 12-31-05  
(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: Martha J. Bross, Pres.  
(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.

Name of Corporation: Gulfstream Pool Care, Inc.

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  
is making the claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5605 SW 14th Pl.  
Capel Coral, FL 33914

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.

Martha J. Bros

Printed Name of the Person Filing

Martha J. Bros

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00