

P02000034235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

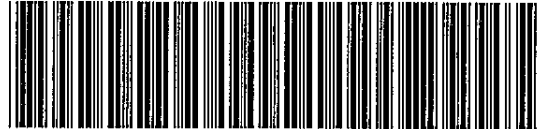
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



100033990691

05/04/04--01062--023 \*\*105.00

FILED  
04 MAY -4 PM 2:01  
SECRETARY OF STATE  
HALLMARK

Voldis  
T. Lewis 5/4/03

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** C Creek, Inc.

**DOCUMENT NUMBER:** P020000 34235

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

Please return all correspondence concerning this matter to the following:

Allison Leclair  
(Name of Person)  
Alliant Asset Management Company, LLC  
(Name of Firm/Company)  
21550 Oxnard St, Suite 1020  
(Address)  
Woodland Hills, CA 91367  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Allison Leclair at ( 818 ) 668-2819  
(Name of Person) (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, Florida 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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:

C Creek, Inc.

SECOND: The document number of the corporation (if known): P02000034235

THIRD: The date dissolution was authorized: 4/15/04

Effective date of dissolution if applicable: 4/15/04

(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

\_\_\_\_\_  
(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)

Shawn Horwitz

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

FILED  
04 MAY - 11 PM 2:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA