

DEC. 6. 2006 4:00PM
TO: 918502050280

Florida Department of State
Division of Corporations
Public Access System

NO. 457 P. 1

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

RECEIVED

06 DEC -6 AM 8:00
DIVISION OF CORPORATIONS

TRAY - CSC #2940

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 DEC -6 AM 9:38

DISSOLUTION OR WITHDRAWAL

OCEAN HAMMOCK RESORT SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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PS 12/7/06
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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:

Ocean Hammock Resort Services, Inc.

SECOND: The document number of the corporation (if known): PO2000126669

THIRD: The date dissolution was authorized: December 6, 2006

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 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)

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)

Leanne Larsen

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35

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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: Ocean Hammock Resort Services, 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:

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

c/o Lowe Enterprises, Inc.


11777 San Vicente Blvd., Suite 900

Los Angeles, CA 90049

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.

Leanne Larsen

Printed Name of the Person Filing


Signature of the Person Filing

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