P03000031664

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| (Re | questor's Name) | , |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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SECRETARY OF STATE
TALLAHASSEE, FLORIC

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COVER LETTER

•TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations |
|---|
| SUBJECT: Apricles of Dissolution-Virginia Heights Development, Ir |
| DOCUMENT NUMBER: P0300031664 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| (Name of Contact Person) |
| (Ivanie of Conast I orson) |
| Compass Dure Woment Management, Inc. (Firm/Company) |
| 5730 St. legis Place (Address) |
| |
| Wiand, to 32812 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (407) 719-5908 (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| Stiling Fee Status Certified Copy (Additional copy is enclosed) Status Filing Fee & Status Certified Copy (Additional copy is enclosed) Status Filing Fee & Status & Certified Copy (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Division of Corporations STREET ADDRESS: Amendment Section Division of Corporations |

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

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 Departm | ent of Stat | e: | | |
|---|---|-----------------|-----------|--|--|
| | Virginia Heights Development, Inc. | | | | |
| SECOND: | The document number of the corporation (if known): P030000 | 73166 | 4 | | |
| THIRD: | The date dissolution was authorized: February 12, 2008 | | · | | |
| | Effective date of dissolution if applicable: March 23, 200 (no more than 90 days after diss | | te) | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | |
| | Dissolution was approved by the shareholders. The number of votes was sufficient for approval. | cast for di | ssolution | | |
| | 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) | <u> </u> | m | | |
| | | STATE LOPIDA | | | |
| | Signature: | | | | |
| | (By a director, president or other officer - if directors or officers have not been selecte an incorporator - if in the hands of a receiver, trustee, or other court appointed fiducian that fiduciary) | | | | |
| | Gary E. Davis, | <u>-</u> | | | |
| (Typed or printed name of person signing) | | | | | |
| | President | | | | |
| | (Title of person signing) | | | | |

Filing Fee: \$35