

P03000070177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

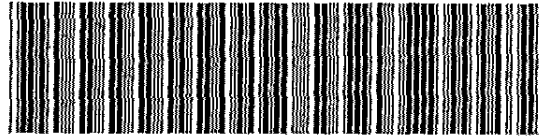
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/23/04--01016--009 **35.00

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04 AUG 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/30/04

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TRANSMITTAL LETTER

Florida Department of State
Division of Corporations
P.O.BOX 6327
Tallahassee, FL 32314

SUBJECT: WHITE SWAN FLORIDA, INC.

Enclosed an original and one (1) copy of the Articles of Dissolution and a check for \$35.00.

FROM: CHRISTINE CHEW & ASSOCIATES, INC.

539 N MILLS AVE

ORLANDO, FL 32803

PHONE: (407)-894-7259

FAX: (407)-898-4936

Enclosure Original and One Copy of Articles of Dissolution

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:

WHITE SWAN FLORIDA, INC.

SECOND: The document number of the corporation (if known): P03000070177

THIRD: The date dissolution was authorized: AUG 3, 2004

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)

Signed this 3RD day of AUGUST, 2004

Signature: X

(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)

SHOU SHENG ZHENG

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

FILED
04 AUG 23 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: WHITE SWAN FLORIDA, 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:

N/A

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

3816 US HWY 90 W

LAKE CITY, FL 32055

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.

SHOU SHENG ZHENG

Printed Name of the Person Filing

X 
Signature of the Person Filing

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