P03000116120

(F	Requestor's Name)	
	Address)	-
(Address)		
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL.
(E	Business Entity Name)	
1)	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
		

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g-4/12/2022

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT:Lak	ce Glenville, Inc.		
DOCUMENT NU	P03000116120) 	
The enclosed Arti	cles of Dissolution and	fee are submitted for filing	j.
Please return all co	orrespondence concernin	g this matter to the follow	ring:
Mark Elhilow	-		
	(Name of	Contact Person)	
Blue Ocean Capital			
•	(Fin	n/Company)	
501 S. Flagler Drive	e, Suite 220		
-	(A	ddress)	
West Palm Beach, I	FL 33401		
	(City/Sta	te and Zip Code)	_
For further inform	ation concerning this ma	tter, please call:	
Mark Elhilow		at (at (561) 659-4474	
(Name o	of Contact Person)	(Area Code)	(Daytime Telephone Number)
Enclosed is a chec	k for the following amou	nnt:	
■ \$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 Addre	ss:	Street Address:	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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: Lake Glenville, Inc.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable:			
	(no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.			
	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)			
	David B. Rinker PRESIDENT			
	(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:	
The above named corporation is the subject of dissolution and the of 12/31/2021	effective date of a dissolution is:
(date filed with the Dept. if date specified in	n the Articles of Dissolution)
Description of information that must be included in a claim:	
Claimant Name, Address and Phone Number	
Claimant Contact Person and Email Address	
Amount of Claim	
Description of and Date Claim Originated	
Mailing address where written claims can be sent: (Claims cannot	he sent to the Division of Cornorations)
Paradox Properties, Inc.	oc sent to the Division of Corporations,
310 Okecchobee Blvd., Suite 100	
West Palm Beach, FL 33401	
A claim against the above named corporation will be barred unless within 4 years after the filing of this notice.	a proceeding to enforce the claim is commenced
David B. Rinker, President 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