

P04000012072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

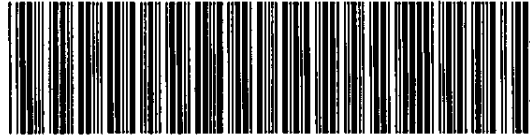
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/07/15--01034--009 **10.00

03/04/15--01027--011 **25.00

FILED
2015 APR -3 PM 1:37
CLERK OF STATE
TALLAHASSEE, FLORIDA

DR
4/8 /15

*00789, 06342, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

Alan J. Marcus, Esq.
20803 Biscayne Blvd., Ste 301
Aventura, FL 33180

SUBJECT: SOUTH POINTE DRIVE TITLE INSURANCE CORP.
Ref. Number: P04000012072

We have received your document for SOUTH POINTE DRIVE TITLE INSURANCE CORP. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
Regulatory Specialist II

Letter Number: 015A00005748

15 APR -3 PM 5:23

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SOUTH POINTE DRIVE TITLE INSURANCE CORP.

DOCUMENT NUMBER: P04000012072

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

Please return all correspondence concerning this matter to the following:

ALAN J. MARCUS, ESQ.

(Name of Contact Person)

ALAN J. MARCUS, ESQ.

(Firm/Company)

20803 BISCAYNE BOULEVARD, SUITE 301

(Address)

AVENTURA, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

ALAN J. MARCUS at (305) 937-1800

(Name of Contact 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, FL 32314

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:

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FIRST: The name of the corporation as currently filed with the Florida Department of State
SOUTH POINTE DRIVE TITLE INSURANCE CORP.

SECOND: The document number of the corporation (if known): **P04000012072**

THIRD: The date dissolution was authorized: **04/01/15**

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 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

100%
(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)

Ann J. Mawer
(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35