

PO4000033370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

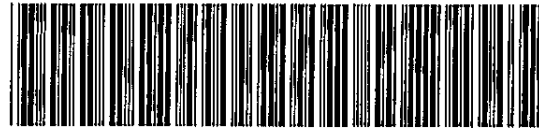
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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400038272234

*miss with notice*

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04 JUL -2 PM 1:28

STATE  
TALLAHASSEE, FLORIDA

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04 JUL -2 AM 10:48

STATE  
TALLAHASSEE, FLORIDA

NR

7/2/04



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 788196 7420925

AUTHORIZATION : *Patricia Pizante*

COST LIMIT : \$ 35.00

ORDER DATE : July 1, 2004

ORDER TIME : 10:23 AM

ORDER NO. : 788196-005

CUSTOMER NO: 7420925

CUSTOMER: Ms. Eleanor Rogers  
Ms. Eleanor Rogers  
2487 Breakwater Circle

Sarasota, FL 34231

DOMESTIC FILINGS

NAME: WEST INDIES CLUB INC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER'S INITIALS: \_\_\_\_\_

## 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:

WEST INDIES CLUB INC

SECOND: The document number of the corporation (if known): PO400033370

THIRD: The date dissolution was authorized: JUNE 28 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 28 day of JUNE, 2004.

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)

ELEANOR ROGERS

(Typed or printed name of person signing)

Director

(Title of person signing)

Filing Fee: \$35

FILED  
JUN -2 PM 1:28  
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: WEST INDIES CLUB 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:

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

2487 Breakwater Circle  
Sarasota FL 34231  

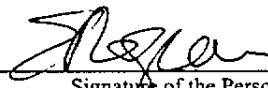
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

ELEANOR ROGERS

Printed Name of the Person Filing



Signature of the Person Filing