

PD41000092504

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15 OCT 12 AM 11:22

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R. White

OCT 14 2015

R. WHITE

Mark R. Manceri, P.A.

ATTORNEY AND COUNSELOR AT LAW
2929 EAST COMMERCIAL BOULEVARD - SUITE 702
FORT LAUDERDALE, FLORIDA 33308

MARK R. MANCERI



FLORIDA BAR BOARD CERTIFIED
WILLS, TRUSTS AND ESTATES

WEB SITE: WWW.ESTATEPROBATELITIGATION.COM

TELEPHONE (954) 491-7099
FACSIMILE (954) 771-0545

October 7, 2015

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

Re: Shoreline Partners, Inc./Document Number: P04000092504

Dear Sir or Madam:

In furtherance of your instructions, enclosed are the following:

1. Cover letter
2. Articles of Dissolution.
3. Notice of Corporate Dissolution.
4. Shoreline Partners, Inc. Check dated September 21, 2015 in the amount of \$43.75 payable to the Florida Department of State representing the filing fee for the Articles of Dissolution and a Certificate of Status.

Should you have any questions, concerns or comments regarding the foregoing, please do not hesitate to contact me.

Yours truly,

A handwritten signature in dark ink, appearing to read "Manceri", is written over a horizontal line.

Mark R. Manceri, Esq.

MRM/mmp
Enclosures

cc: Clifford Stober (w/enclos.)
Jill Lafer (w/enclos.)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHORELINE PARTNERS, INC.

DOCUMENT NUMBER: P04000092504

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

Please return all correspondence concerning this matter to the following:

MARK R. MANCERI, ESQ.

(Name of Contact Person)

MARK R. MANCERI, P.A.

(Firm/Company)

2929 E. COMMERCIAL BOULEVARD, SUITE 702

(Address)

FORT LAUDERDALE, FLORIDA 33308

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK R. MANCERI

at (954) 491-7099

(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:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
SHORELINE PARTNERS, INC.

SECOND: The document number of the corporation (if known): P04000092504

THIRD: The date dissolution was authorized: SEPTEMBER 21, 2015

Effective date of dissolution if applicable: DECEMBER 15, 2015

(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: 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

(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)

CLIFFORD STOBBER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

FILED
15 OCT 17 AM 11:22
TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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: SHORELINE PARTNERS, 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:

A COMPLETE DESCRIPTION OF THE NATURE OF THE CLAIM, INCLUDING THE NAME AND ADDRESS OF
THE CLAIMANT, ALL DATES AND AMOUNTS RELATING TO THE CLAIM AND WHETHER THE CLAIM IS
CONTINGENT OR NON-CONTINGENT.

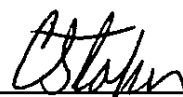
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

5 SHADY BROOK LANE
OLD GREENWICH, CT 06870

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.

CLIFFORD STOBER - 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