

B4000110662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

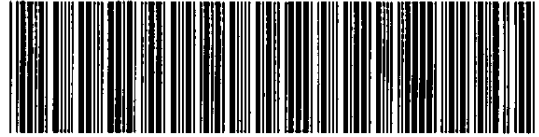
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only

B-12-09



500158547845

08/06/09--01020--003 \*\*35.00

DSJ

FILED  
2009 AUG -6 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ARTICLES OF DISSOLUTION

**DOCUMENT NUMBER:** P 04000110 662

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

Please return all correspondence concerning this matter to the following:

DANIEL DEEGAN  
(Name of Contact Person)

OCEANSIDE RENOVATIONS, INC.  
(Firm/Company)

43 MARIE DRIVE. MAILING ADDRESS; 4359 S. PENINSULA DR.  
(Address)

PONCE INLET, FL. 32127 PONCE INLET, FL. 32127  
(City/State and Zip Code)

For further information concerning this matter, please call:

DANIEL DEEGAN at (386) 852-5927  
(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:

OCEANSIDE RENOVATIONS, INC.

SECOND: The document number of the corporation (if known): P04000110662

THIRD: The date dissolution was authorized: 7/15/2009

Effective date of dissolution if applicable: SAME 7/15/2009  
(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

\_\_\_\_\_  
(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)

DANIEL DEEGAN

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 AUG -6 AM 8:58

FILED

Filing Fee: \$35