P05000052615

(Re	questor's Name)	_
(Ad	dress)	
·	·	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
. (Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates of	f Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



900121727649

04/02/08--01021--011 **87.50

OB APR -2 PM 3-2
SEGNETARY OF STATE
TALLAMASSES, FLORID

D:35/ 4()



5 PIEDMONT CENTER SUITE 750 ATLANTA GA 30305-1541 - TELEPHONE 404-231-9397 / FACSIMILE 404-237-1659

April 1, 2008

VIA FEDERAL EXPRESS

Amendment Section
Division of Corporation
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Dissolution of Florida Entities

Dear Sir or Madam:

Enclosed for filing in your office are Articles of Dissolution for the following entities:

- 1. Grand Bohemian Residential Condominiums SP, Inc.; and
- 2. Grand Bohemian Hotel SP, Inc.

Also enclosed is our check in the amount of \$87.50 to cover the cost of filing the dissolution documents and providing us with certified copies of same.

Please return the certified copies of each to my attention in the prepaid Federal Express envelope also enclosed for your use.

Should you have any questions concerning this request or need anything else from us, please give me a call.

Thank you for your assistance.

Very truly yours

FOLTZ MARTIN, LLC

Tiffany Felder, Paralegal

/trf Enclosures

COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Dissolution of Grand Bohemian Residential Condominiums SP, Inc.
DOCUMENT NUMBER: P05000052615
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tiffany Felder
(Name of Contact Person)
Foltz Martin, LLC
(Firm/Company)
3525 Piedmont Road, Bldg. 5, Suite 750
(Address)
Atlanta, Georgia 30305
(City/State and Zip Code)
For further information concerning this matter, please call:
Laura G. Hester at (404) 231-9397
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□\$35 Filing Fee □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	Grand Bohemian Residential Condominiums SP, Inc.
SECOND:	The document number of the corporation (if known): P05000052615
THIRD:	The date dissolution was authorized: March 12, 2008
	Effective date of dissolution <u>if applicable:</u> (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)
	Day B. Dantzler
	(Typed or printed name of person signing)
	Vice-President
	(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

against this c	orporation 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 Cor	poration: Grand Bohemian Residential Condominiums SP, Inc.
	lution will be the date the dissolution is filed with the Department of State or as the Articles of Dissolution.
Description of	of information that must be included in a claim:
Nature o	f claim
	of damages
Amount	
Amount Contact	of damages
Amount Contact	of damages information of claimant
Amount Contact	of damages information of claimant ess where claims can be sent: (Claims cannot be sent to the Division of Corporations)
Amount Contact	of damages information of claimant ess where claims can be sent: (Claims cannot be sent to the Division of Corporations) c/o The Kessler Enterprise, Inc.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00

Laura G. Hester

Printed Name of the Person Filing