P0500068419

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
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ALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: DISSOLUTION OF FLORIDA PROFIT CORPORATION
DOCUMENT NUMBER: P0500068419
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBIN MATUN (Name of Contact Person)
SKY HARBOR LUVEST MENTS, INC., (Firm/Company)
585 SKY HARBOR DRWE, LOT#101 (Address)
(City/State and Zip Code)
For further information concerning this matter, please call:
ROBIN MATLIN at (727) 725-4256 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
□ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section

Division of Corporations

Tallahassee, FL 32301

Clifton Building 2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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:	
	SKY HARBOR INVEST MENTS, INC.,	
SECOND:	The document number of the corporation (if known): P0500068419	
THIRD:	The date dissolution was authorized: 1/25/2006	
	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 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	
	ROBIN MATUN, RICHARD G SIMA ARRA PER (PRINCIPAL OFFICER) (Voting group) (INCORPORATION) SSET OF SEPTEMBER OF SIMA ARRANGE ARRA	
	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)	
	ROBIU MATUU (Typed or printed name of person signing)	
	PRINCIPAL OFFICER	

Filing Fee: \$35

(Title of person signing)