

PS000161693

(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



500103279435

05/25/07--01036--012 **35.00

FILED
07 JUN 15 AM 10:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D:SS/w/Hat.e

Sy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 1, 2007

DYANNE BURNS
4009 EAST BLUFF AVENUE
TAMPA, FL 33617

SUBJECT: BLUFF SUITES, INC.
Ref. Number: P05000161693

We have received your document for BLUFF SUITES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Document Specialist

Letter Number: 307A00037848

Mailed 6/13/07

RECEIVED
07 JUN 15 AM 8:00
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

BLUFF SUITES, INC.

SECOND: The document number of the corporation (if known): P05000161693

THIRD: The file date of the articles of incorporation: 12-08-05

FOURTH: (CHECK AT LEAST ONE BOX)

☐ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signature: Dyanne Burns

(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.)

DYANNE BURNS

(Typed or printed name of person signing)

PRESIDENT

(Title of Person Signing)

Filing Fee: \$35

FILED
01 JUN 15 AM 10:55
SECRETARY OF STATE
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: BLUFF SUITES, 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:

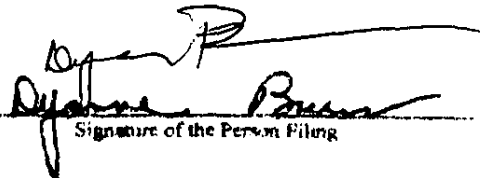
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

4009 EAST BLUFF AVENUE
TAMPA, FLORIDA 33617

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.

DYANNE BURNS

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