P01000041486

· <u>-</u>		
(Requestor's Name)		
(Address)		
(Addiess)		
(Address)		
(0) (0) 1 57 (0)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Consideration to the confidence		
Special Instructions to Filing Officer:		

Office Use Only



000247577260

05/06/13--01027--021 **35.00

SPORTARY OF STATE SPORTARY OF STATE FILED

AND 135 00 5/8/13

COVER LETTER

BOCUMENT NUMBER: P07000041486 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy A Thomas (Name of Contact Person) Capital Partners (Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter, please call: Timothy A Thomas (Name of Contact Person) at (386) 672-2827 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\begin{align*} 235 \int \text{Filing Fee} & \text{\$\text{\$\text{\$\text{\$43.75 \text{ Filing Fee}}} \$\text{\$\t	Division of Corporations				
The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Timothy A Thomas (Name of Contact Person) Capital Partners (Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) at (386) 672-2827 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: 3835 Filing Fee 343.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed) MAILLING ADDRESS: STREET ADDRESS:	SUBJECT: Dissolution of Corporation				
Timothy A Thomas (Name of Contact Person) Capital Partners (Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) at (386) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\Begin{array} \text{S35 Filing Fee} \$\text{\$\	DOCUMENT NUMBER: P07000041486				
Timothy A Thomas (Name of Contact Person) Capital Partners (Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter, please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigcirc\$ \$35 \text{ Filing Fee} \Bigcirc \$43.75 \text{ Filing Fee} \Bigcirc Certificate of Status} \Bigcirc Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	The enclosed Articles of Dissolution and fee are submitted for filing.				
(Name of Contact Person) Capital Partners (Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	Please return all correspondence concerning this matter to the following:				
Capital Partners (Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsize{386}\$ 672-2827 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\Bigsize{385}\$ Filing Fee \$\Bigsize{3843.75}\$ Filing Fee & Certified Copy (Additional copy is enclosed) MAILING ADDRESS: \$TREET ADDRESS:	Timothy A Thomas				
(Firm/Company) 298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{align*} \text{386} \\ \text{672-2827} \\ (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\begin{align*} \text{\$35 Filing Fee} \Bigcirc \\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) \text{MAILING ADDRESS:} \text{STREET ADDRESS:}					
298 S. Nova Road, Suite F (Address) Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\begin{align*} \text{386} \text{672-2827} \\ (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\begin{align*} \text{\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)} \text{Certified Copy (Additional copy is enclosed)} \text{Certified Copy is enclosed)} \text{MAILING ADDRESS:} \text{STREET ADDRESS:}	Capital Partners				
Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter, please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsir \text{386} \text{ Additional copy is enclosed} \text{ Certified Copy (Additional copy is enclosed)} MAILING ADDRESS: \$\text{STREET ADDRESS:}	(Firm/Company)				
Ormond Beach, FL 32174 (City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsize{386}\$ 672-2827 (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\Bigsize{385}\$ Filing Fee \$\Bigsize{383.75}\$ Filing Fee & \$\Bigsize{383.75}\$ Filing Fee & \$\Bigsize{383.75}\$ Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) MAILING ADDRESS: \$\Bigsize{386}\$ 672-2827 (Area Code & Daytime Telephone Number) \$\Bigsize{385}\$ STREET ADDRESS:	298 S. Nova Road, Suite F				
(City/State and Zip Code) For further information concerning this matter. please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsize{1}\$ \$35 Filing Fee \$\Bigsize{1}\$ \$43.75 Filing Fee & Certificate of Status \$\Bigsize{1}\$ Certified Copy (Additional copy is enclosed) MAILING ADDRESS: \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$ \$\$	(Address)				
For further information concerning this matter, please call: Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsim \frac{386}{\text{(Area Code & Daytime Telephone Number)}}\$ Enclosed is a check for the following amount: \$\Bigsim \frac{386}{\text{(Area Code & Daytime Telephone Number)}}\$ Enclosed is a check for the following amount: \$\Bigsim \frac{386}{\text{(Area Code & Daytime Telephone Number)}}\$ Enclosed is a check for the following amount: \$\Bigsim \frac{343.75}{\text{ Filing Fee & Certified Copy (Additional copy is enclosed)}}\$ \$\text{(Additional copy is enclosed)}\$ \$\text{(Additional copy is enclosed)}\$ \$\text{MAILING ADDRESS:}\$ \$\text{STREET ADDRESS:}\$	Ormond Beach, FL 32174				
Timothy A Thomas (Name of Contact Person) Enclosed is a check for the following amount: \$\Bigsize{\text{386}}\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(City/State and Zip Code)				
(Name of Contact Person) Enclosed is a check for the following amount: \$\begin{align*} \text{Street Address:}	For further information concerning this matter, please call:				
(Name of Contact Person) Enclosed is a check for the following amount: \$\begin{align*} \text{Street Address:}	Timothy A Thomas at (386) 672-2827				
■\$35 Filing Fee U\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) MAILING ADDRESS: □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) STREET ADDRESS:					
Certificate of Status Certified Copy (Additional copy is Certified Copy enclosed) Certified Copy (Additional copy is enclosed) MAILING ADDRESS: STREET ADDRESS:	Enclosed is a check for the following amount:				
	Certificate of Status Certified Copy Certificate of Status & Cadditional copy is Certified Copy (Additional copy is enclosed) (Additional copy is				
	MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section				

Division of Corporations Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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	: :	
	Capital Plaza Condominium Association, Inc		
SECOND:	The document number of the corporation (if known): P07000041486		
THIRD:	The file date of the articles of incorporation: 4/3/2007		
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.	13 HA	AUSTAND MOBS
	A majority of the directors authorized the dissolution.	14-6 14-6	FINKY
		元	- 12 - 12 - 13 - 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15 - 15
Sion	nature:	ж 30	
31 <u>5</u> 1	(By a director, president or other officer - if directors or officers have not been selected, by an incorporate in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	or - if	
	Timothy A Thomas		
	(Typed or printed name of person signing)		
	Director		•
	(Title of Person Signing)		

Filing Fee: \$35