## P07000089407

(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:			
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Office Use Only



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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Dissolution of Corp	
DOCUMENT NUMBER:	
The enclosed Articles of Dissolution and f	ee are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Corey Schwartz	
(Name of	Contact Person)
Arissa Rentals Inc	
(Firm	n/Company)
550 Edgebrook Lane	
	ddress)
West Palm Beach, FL 33411	
	te and Zip Code)
For further information concerning this mat	tter, please call:
Corey Schwartz	at (_561) 420-1200
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amou	nt:
✓\$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327	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 dissoluti	on:			
FIRST:	The name of the corporation as currently filed with the Florida Department of State:			
	Wellington View Rentals Inc ,			
SECOND:	The document number of the corporation (if known): P07000089407			
THIRD:	The date dissolution was authorized: 8/8/07			
	Effective date of dissolution <u>if applicable:</u> 5/18/10  (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)			
	Mark Schwartz			
	(Typed or printed name of person signing)			
	President			
	(Title of person signing)			

Filing Fee: \$35

## **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	on: Wellington View Rentals Inc .	
	will be the date the dissolution is filed with the Departicles of Dissolution.	artment of State or as
Description of info	rmation that must be included in a claim:	
<del></del>		
Mailing address wh	nere claims can be sent: (Claims cannot be sent to the	Division of Corporations)
55	50 Edgebrook Lane	
W	/est Palm Beach, FL 33411	
***		<del></del>
***		
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	e above named corporation will be barred unless a pro the filing of this notice.	occeeding to enforce the claim is commenced
Mark Schwa	<del>rt z</del>	In a Cl
	Printed Name of the Person Filing	Signature of the Person Filing