## P0800009066

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	,	(274h)

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2014

FRANCES ANDERSON ANDERSON HOSPITALITY SOLUTIONS, INC. 1240 NW RED OAK WAY JENSEN BEACH, FL 34957

SUBJECT: ANDERSON HOSPITALITY SOLUTIONS, INC.

Ref. Number: P08000009066

We have received your document for ANDERSON HOSPITALITY SOLUTIONS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct formula enclosed and an additional filling fee of \$10.00 is due.

We are enclosing the proper form(s) with instructions for your convenience.

EPlease-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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 714A00003540

27 AM BO 30

## **COVER LETTER**

TO: Amendment Section

Division of Corporations

SUBJECT: ANDERSON HOSPITALITY SOLUTIONS				
DOCUMENT NUMBER: <u>P8000009066</u>				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
FRANCES ANDERSON				
(Name of Contact Person)  ANDERSON HOSPITALITY SOLUTIONS				
(Firm/Company) 1240 NW. RED OAK WAY				
JENSEN BEACH, FL 34957				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
FRAN ANDERSON at (954) 699-1406  (Name of Contact Person) (Area Code & Daytime Telephone Number)				
(Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount: Sce Cover Letter-				
□ \$35 Filing Fee □ \$43.75 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 CircleTallahassee, FL 32301				

## 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 Departme	ent of State:	
÷	ANDERSON HOSPITALITY SOLUTION	IS INC.	•
SECOND:	The document number of the corporation (if known): PO 80000090		
THIRD:	The file date of the articles of incorporation: $1-24-2008$		
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 d to the shareholders, if shares were issued.	istributed	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	788 <b>7</b>	
	A majority of the incorporators authorized the dissolution.	<b>68</b> 27	
	☐ A majority of the directors authorized the dissolution.		
	·	t: 58	
Sign	ature:  (By a director, president or other officer - if directors or officers have not been selected, by in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	an incorporator - if	
	TRANCES AND ERSON  (Typed or printed name of person signing)		
	ONNER - PSTD (Title of Person Signing)		

Filing Fee: \$35