

P080000 42913

(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



500325075975

02/25/19--01017--009 \*\*35.00

FILED

2019 FEB 25 AM 11:29

SECRETARY OF STATE  
TALLAHASSEE, FL

R. WHITE  
FEB 28 2019

**BRYANT, HIGBY & BARR, CHARTERED**

ATTORNEYS AT LAW

833 HARRISON AVENUE (32401)

POST OFFICE BOX 860

PANAMA CITY, FLORIDA 32402-0860

—  
(850) 763-1787

FAX (850) 784-9361

ROWLETT W. BRYANT

OF COUNSEL

LYNN C. HIGBY

(1938-1992)

—  
[www.bryanthigby.com](http://www.bryanthigby.com)

CLIFFORD C. HIGBY  
KEVIN D. BARR  
J. CHRISTOPHER BARR

February 20, 2019

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Dissolution  
Doc #: P08000042913

Dear Sir/Madam:

Please find enclosed for filing the Articles of Dissolution and the Notice of Corporation Dissolution. Also enclosed is our firm check #6024 in the amount of \$35.00 representing the applicable fee.

Should you have any questions or concerns regarding this matter, please contact me at the phone number or address listed above or by email at [cbarr@bryanthigby.com](mailto:cbarr@bryanthigby.com).

Very truly yours,

BRYANT, HIGBY, & BARR, CHARTERED



J. Christopher Barr

JCB/jka  
enclosure as stated  
cc: client

## 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:  
COUNTS OAKES RESORT PROPERTIES, INC.

SECOND: The document number of the corporation (if known): P08000042913

THIRD: The date dissolution was authorized: December 10, 2018

Effective date of dissolution if applicable: December 10, 2018  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Adoption of Dissolution (CHECK ONE)

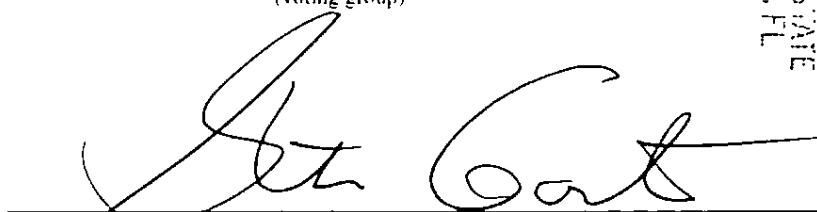
- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by the shareholders through voting groups.

*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

100%

(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)

Steve Counts

(Typed or printed name of person signing)

President

(Title of person signing)

FILED  
2019 FEB 25 AM 11:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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: COUNTS OAKES RESORT PROPERTIES, 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)

COUNTS OAKES RESORT PROPERTIES, INC.

ATTN: J. CHRISTOPHER BARR

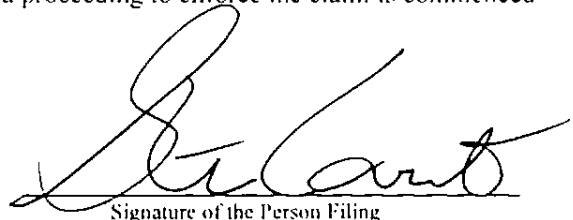
PO BOX 860

PANAMA CITY, FLORIDA 32401

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.

STEVE COUNTS

Printed Name of the Person Filing

  
Signature of the Person Filing