

P09000069941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

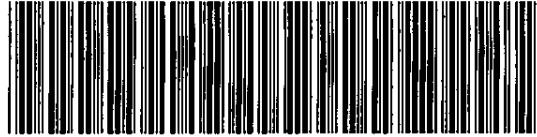
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/30/09--01017--015 **35.00

NO/ W. K. N. O. R.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 30 PM 12:06

T Roberts NOV 02 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Premier Vacation Solutions, Inc.

DOCUMENT NUMBER: P09000069941

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aaron M. Cohen
(Name of Contact Person)

COHEN & PAPER, LLC
(Firm/Company)

955 NW 17th Ave., Bldg. D.
(Address)

Delray Beach, Florida 33445
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron M. Cohen
(Name of Contact Person)

at (561) 665-8020
(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> & \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status &
Certified Copy
(Additional copy is
enclosed) |
|---|--|---|--|

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

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 dissolution:

FIRST: The name of the corporation as currently filed with the Florida Department of State:
Coastal Premier Vacation Solutions Inc

SECOND: The document number of the corporation (if known): P09000069941

THIRD: The date dissolution was authorized: 10-16-2009

Effective date of dissolution if applicable: 10-16-2009
(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)

Tina Pomerantz, President

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.)

Harrison Pomerantz, Vice President

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.)

Filing Fee: \$35

FILED
STATE
DIVISION OF CORPORATIONS
09 OCT 30 PM 12:06

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: Coastal Premier Vacation Solutions, 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:

- Name of Creditor;
- Address of Creditor;
- Contact person's name;
- Creditor's telephone number;
- Creditor's email address;
- Date the Debt was incurred;
- Description of how the debt was incurred;
- Copies of any and all judgments, promissory notes, mortgages, guarantees, bills, statements and/or invoices related to the claim.

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

2255 Glades Road

324A

Boca Raton, Florida 33431

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.

Teena Pomerantz

Printed Name of the Person Filing

Teena Pomerantz

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00