P100005a917

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e.#)		
_	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to	Filing Officer:			



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Office Use Only

1/21/14

COVER LETTER

TO: Amendment Section

Division of Corporations	•		
SUBJECT: Coastal Angler Magazir	ne App, Inc.		
DOCUMENT NUMBER: P1000052917	7		
The enclosed Articles of Dissolution and fee are submitted for filing.			
Please return all correspondence concerning this matter	to the following:		
Darlene Taylor			
(Name of Contact Pers	,		
Coastal Angler Magazine - App, Inc.			
(Firm/Company)			
1924 S. Patrick Drive, Suite 20	01		
(Address)			
Indian Harbour Beach, FL 329	37		
(City/State and Zip C	Code)		
For further information concerning this matter, please of	eall:		
Darlene Taylor at (3	21 777-2773		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:			
Certificate of Status Certified	al copy is Certified Copy		
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

FILED

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	TALLAHASSEE. FLORIDA The name of the corporation as currently filed with the Florida Department of State: Coastal Angler Magazine - App, Inc.
SECOND:	The document number of the corporation (if known): P10000052917
THIRD:	The date dissolution was authorized: 10/2/13
	Effective date of dissolution if applicable: 10/2/13 (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)
	Claude B. Martin
	(Typed or printed name of person signing)
	C.O.O.

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.

Date of diss	olution 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 add	dress where claims can be sent: (Claims cannot be sent to the Division of Corporations)	
	1924 S. Patrick Drive, Suite 201	
	Indian Harbour Beach, FL 32937	
	Indian Harbour Beach, FL 32937 Attn: Claude B. Martin	

Claude B. Martin

Printed Name of the Person Filing

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