P10000053376

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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200242288662

12/12/12--01010--005 **35.00

Effective duties 12-31-12 Whoties Voldis Whoties

COVER LETTER

Division of Corporations	
SUBJECT: VACATION HO	ME NATION CORP
DOCUMENT NUMBER: P10000	0053376
The enclosed Articles of Dissolution and	fee are submitted for filing.
Please return all correspondence concernit	ng this matter to the following:
LLOYD HART	
(Name of	f Contact Person)
(Fir	rm/Company)
16909 HIGH GROVE B	<u> </u>
CLERMONT, FL 34714	Address)
(City/St	tate and Zip Code)
For further information concerning this ma	atter, please call:
LLOYD HART	at (321) 239-0580
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amo	ount:
■ \$35 Filing Fee	Certified Copy (Additional copy is enclosed) \$\square\$
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: VACATION HOME NATION CORP P10000053376 The document number of the corporation (if known): SECOND: The date dissolution was authorized: 12/01/12 THIRD: Effective date of dissolution if applicable: (no more than 90 days after dissolution file 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 ALL (100%) (voting group)

LLOYD HART

that fiduciary)

Signature: 4

(Typed or printed name of person signing)

(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

TREASURER

(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 Corpo	poration: VACATION HOME NATION CORP		
	lution will be the date the dissolution is filed with the Department of State or as the Articles of Dissolution.		
Description of i	of information that must be included in a claim:		
NAME O	OF CLAIMANT		
REASON	ON FOR CLAIM AND RELEVANT DATES		
AMOUN ⁻	NT OF CLAIM		
Mailing address	ess where claims can be sent: (Claims cannot be sent to the Division of Corporatio	ns)	
	16909 HIGH GROVE BLVD, STE C		
	CLERMONT, FL 34714		
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			•
			
	nst the above named corporation will be barred unless a proceeding to enforce the s after the filing of this notice.	claim is c	commenced
		4	
LLOYD H			
	Printed Name of the Person Filing Signature of the Perso	n Filing)

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