P11000094561

(Re	equestor's Name)		
(Ac	ddress)	· · · · · · · · · · · · · · · · · · ·	
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(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
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COVER LETTER

TO: Amendment Section		2,0
Division of Corporations		
		16 MAR 2 RAIL.
SUBJECT: CAMPANIELLO LOF	T, INC.	2
30B3EC1.		
P116	000094561	
DOCUMENT NUMBER:		ξ.
The enclosed Articles of Dissolu	tion and fee are submitted for f	īling.
Please return all correspondence	concerning this matter to the fo	llowing:
LISA I. GLASSMAN, ESQ.		
	(Name of Contact Person)	
LISA I. GLASSMAN, P.A.		
	(Firm/Company)	
20283 STATE ROAD 7, #400	(· ········· p····· y)	
20203 STATE ROAD 1, #400		.
	(Address)	
BOCA RATON, FLORIDA 33498		
	(City/State and Zip Code)	
For further information concerning	ng this matter, please call:	
LISA I. GLASSMAN, ESQ.	at (^{305) 792-7240}	1
(Name of Contact Pers	son) (Area Cod	e) (Daytime Telephone Number)
Enclosed is a check for the follow	ving amount:	
■ \$35 Filing Fec □ \$43.75 Filing Certificate of		& \$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	A D C 2	mendment Section livision of Corporations lifton Building 661 Executive Center Circle allahassee, 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: CAMPANIELLO LOFT, INC. P11000094561 The document number of the corporation (if known): SECOND: The date dissolution was authorized: THIRD: Effective date of dissolution if applicable: (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 (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) THOMAS CAMPANIELLO (Typed or printed name of person signing)

(Title of person signing)

PRESIDENT

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: _____ 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) 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.