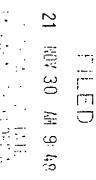
P14 0000 53009

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
•	•	
(C)	y/State/Zip/Phone #	40
(CII	ty/State/Zip/Prione /	7)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
•	·	
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates t	or Status
Special Instructions to	Filing Officer:	
	·· ···	

Office Use Only



11/88/2:--01002--015 ++85.00



DEC 12 SOSI

COVER LETTER :

TO: Amendment Section Division of Corporations
SUBJECT: NOTICE OF CORPORATION DISSOLUTION
DOCUMENT NUMBER: P14000053009
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lucille CorTellino (Name of Contact Person)
Brook Field LANE 11 FINC (Firm/Company)
2228 SWEDISL DR APT #8
Clearwater FL. 33763 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (727-797-1821 (Area Code) (Daytime Telephone Number)
Enclosed is a check for the following amount:
 ✓ \$35 Filing Fee ✓ \$43.75 Filing Fee & Certificate of Status ✓ Certificate of Status ✓ Certified Copy (Additional copy is enclosed) ✓ Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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:
	BROOKFIELD LANE 11 INC
SECOND:	The document number of the corporation (if known): P1400053009
THIRD:	The date dissolution was authorized: SEPT. 30, 2001
	Effective date of dissolution if applicable: OCT, 7 2021
	(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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.
	<u> </u>
	FILED M 9 48
	ω
	in the second of
	්රා ය මෙහි විසින් වූ
5	Signature: Lucille Cartellino
	(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)
	Lucille CORTELLINO (Typed or printed name of person signing)
	(Typed or printed name of person signing)
	PRESIDENT + OWHER (Title of person signing)
	(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 Corporation: PROOKFIELD LANE 11 INC
The above named corporation is the subject of dissolution and the effective date of a dissolution is: $9-30-2$
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
PROPERTY WAS Sold
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
2228 SWEDISH DR. APT #8
1228 SWEDISH DR. APT #8 Clear WAter F1 33763

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.

Lucille Cortelling

Printed Name of the Person Filing

Printed Name of the Person Filing

Printed Name of the Person Filing