

P140000 75376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*Handwritten signature/initials*


**AFFIDAVIT OF JUAN C. GARCIA PURSUANT TO FLA. STAT. s. 607.1405(4)**

STATE OF FLORIDA       )  
                                      ) ss  
COUNTY OF LEE        )

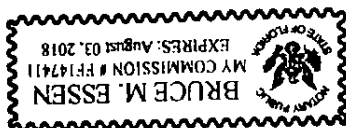
BEFORE ME this day personally appeared JUAN C. GARCIA, who being first duly sworn,  
deposes and says:

1. Your affiant, JUAN C. GARCIA, is over the age of 18; has personal knowledge of the matters set forth in his affidavit; and is competent to testify thereto.
2. I am president of Great Party Solution, Inc., Document Number P14000075376.
3. Great Party Solution, Inc. is being voluntarily dissolved by Articles of Dissolution dated November 18, 2015.
4. Then name Great Party Solution, Inc. is immediately available for assumption or use by another corporation.

FURTHER AFFIANT SAYETH NOT.

  
\_\_\_\_\_  
Juan C. Garcia

SWORN to and subscribed in my presence this 18th day of November, 2015, by Juan C. Garcia, who is personally known to me or who produced FL DL 6620-423-70-002-0 as identification.



  
\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary's Printed Name

My Commission Expires:

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** GREAT PARTY SOLUTION, INC

**DOCUMENT NUMBER:** P14000075376

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

Please return all correspondence concerning this matter to the following:

Juan C. Garcia

Name of Contact Person

Great Party Solution, Inc

Firm/ Company

5968 Baypoint Rd

Address

Bokeelia, FL 33922

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Juan Garcia at ( 239 ) 440-5373  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>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:  
Great Party Solution, Inc.

SECOND: The document number of the corporation (if known): P14000075376

THIRD: The date dissolution was authorized: 11/18/15

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)

Juan C. Garcia

\_\_\_\_\_  
(Typed or printed name of person signing)

President

\_\_\_\_\_  
(Title of person signing)

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