# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : REZLEGAL, LLC

Account Number : I20140000033

Phone

: (904)567-1177 : (904)567-1066 Fax Number

# DISSOLUTION OR WITHDRAWAL GOLF CADDIES HOLDINGS, INC.

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C. CARROTHERS

## H150003064043

### ARTICLES OF DISSOLUTION

#### FOR

### GOLF CADDIES HOLDINGS, INC.

- 1. The name of the corporation as currently filed with the Florida Department of State is Golf Caddies Holdings, Inc. (the "Corporation").
- 2. The Articles of Incorporation were filed on November 16, 2015 and assigned document number P15000092773.
- 3. Dissolution of the Corporation was approved as of December 29, 2015 by the consent of the sole Director and the majority consent of the Shareholders of the Corporation. The consumber of votes cast for dissolution was sufficient for approval. Dissolution of the Corporation shall be effective immediately.
- 4. All debts, liabilities and obligations of the Corporation have been paid or discharged.
- 5. All remaining property and assets have been distributed to the Shareholders in accordance with its respective rights and interests.
- 6. There are no suits pending against the Corporation in any court.

The undersigned, being the President of the Corporation, hereby approves the above Articles of Dissolution this 29 day of December, 2015.

Michael A. Granuzzo, President

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## 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: Golf Caddies Holdings, Inc.

Document Number of Corporation is: P15000092773.

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 written claim:

Date of event giving rise to claim.

Nature of claim/description of event giving rise to claim.

Amount of Claim.

Name and contact information of claimant.

Copies of any written agreement or other documentation supporting claim.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Michael A. Granuzzo 320 North 1<sup>st</sup> Street, Suite 660 Jacksonville Beach, Florida 32250

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.

Michael A. Granuzzo