P18000059595

(Requestor's Name)	
(Address)	20033895
(Address)	2003030
(City/State/Zip/Phone #)	01/17/2001022
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	·

Office Use Only



3332

--004 **43.75

FEB 1 4 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations	
SUBJECT:FIGURE SKATES FLORIDA, INC	:
DOCUMENT NUMBER: P18000059595	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
CHERYL A GONZALEZ	
(Name of C	Contact Person)
FIGURE SKATES FLORIDA, INC	
(Firm	/Company)
701 AQUITESTA DR LOT 178 PO	Box 22029
(Ad	ldress)
PUNTA GORDA, FL 33950 C 4 5 (City/State	e and Zip Code)
For further information concerning this matt	ter, please call:
CHERYL A GONZALEZ	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amour	nt:
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing Fee & □ \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed) □ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 FIGURE SKIATES FLORIDA, INC	of State:	
SECOND:	The document number of the corporation (if known):		
THIRD:	The file date of the articles of incorporation:		
FOURTH:	None of the corporation's shares have been issued.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up, if any, have be to the shareholders, if shares were issued.	en distributed	
SEVENTH:	A majority of the incorporators or directors authorized the dissolution.		
Sign	(By a director, president or other officer - if directors or officers have not been selected, by an in in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	ncorporator - if	_
	CHERYL A GONZALEZ		
	(Typed or printed name of person signing)	•	
	CAG (Title of Person Signing)		
	CAG (Title of Person Signing)	•	
	Filing Fee: \$35	2020 JA SECRITALIA	-

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:___ The above named corporation is the subject of dissolution and the effective date of a dissolution is: $\frac{01/15/2020}{}$ (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: DOCUMENTED INFORMATION Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) PO BOX 22029 LINCOLN, RI 02865 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. CHERYL A GONZALEZ

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

Printed Name of the Person Filing