# Pa30000a3419

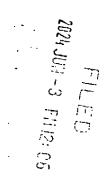
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# **COVER LETTER**

**TO:** Amendment Section Division of Corporations

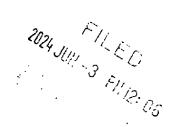
SUBJECT: Dissolution of Winter I	laven Stay and See
DOCUMENT NUMBER: P230	000023419
The enclosed Articles of Dissolu	ation and fee are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Dawn M. Priebe	
	(Name of Contact Person)
Winter Haven Stay and See	
	(Firm/Company)
2109 Lakeridge Drive	
	(Address)
Winter Haven, FL 33881	
	(City/State and Zip Code)
For further information concerning	ng this matter, please call:
Dawn M. Priebe	at ( <u>248-202-0732</u>
(Name of Contact Pers	ion) (Area Code) (Daytime Telephone Number
Enclosed is a check for the follow	ving amount:
■ \$35 Filing Fee □ \$43.75 Fili Certificate o	ng Fee & Substitute Status Sub

### Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## **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 607.1403, 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:  Winter Haven Stay and See
SECOND:	The document number of the corporation (if known):  P23000023419
THIRD:	The date dissolution was authorized: 03/31/2024
	Effective date of dissolution <u>if applicable</u> : 03/31/2024
	(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.
Ş	(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)  Dawn M. Priebe
•	(Typed or printed name of person signing)
	CEO
•	(Title of person signing)

Filing Fee: \$35