# P93000011073

(Re	questor's Name)			
(Ad	dress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
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DEC 1 5 2014 C. CARROTHERS

# COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT:	Dissolution Cox	Street Associa	tes, Inc		_
DOCUMENT NUMBER:	P93000011073  OCUMENT NUMBER:			_	
The enclosed Articles of D	The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspond	ence concernin	g this matter	to the follo	owing:	
	Thomas Roet	tker CPA			
	(Name of	Contact Pers	ion)		_
Ross, Anglim, Angelini & Co., LLP				:	
	(Fira	n/Company)			-
775 Mountain Blvd. Suite 209					
	(A	ddress)			-
	Watchun	g, NJ 07069			
	(City/Sta	te and Zip C	ode)		-
For further information con	cerning this ma	tter, please c	all:		
Thomas Rocttker CPA		at (		561-1600 x2231	
(Name of Contac	t Person)	(.	Area Code)	(Daytime Telephone Nu	ımber)
Enclosed is a check for the	following amou	int:			
■ \$35 Filing Fee □ \$43.75 Certifi	5 Filing Fee & cate of Status	\$43.75 F Certified (Addition enclosed	Copy al copy is	<ul> <li>\$52.50 Filing Fee,</li> <li>Certificate of Status of Certified Copy</li> <li>(Additional copy is enclosed)</li> </ul>	&
MAILING ADDRES  Amendment Section Division of Corpora P.O. Box 6327  Tallahassee, FL 323	ations		Am Div Clif	REET ADDRESS: endment Section ision of Corporations fon Building 1 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:				
	COX STREET ASSOCIATES, INC				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	Effective date of dissolution if applicable: 12-29-2015 (no more than 90 days after dissolution file if the)				
	(no more than 90 days after dissolution file tate)  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 wissolution 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)				
	L. S.				
	Signature:				
	an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)				
	NATALIE SAEGER				
	(Typed or printed name of person signing)				
	PRESIDENT				
	(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.

COX STREET ASSOCIATES, INC Name of Corporation: 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 claim: REASON FOR CLAIM NAME & TITLE OF CLAIMANT SUPPORT DOCUMENTS FOR CLAIM MAILING ADDRESS OF CLAIMANT Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) COX STREET ASSOCIATES, INC c/o SAEGER, 222 RIDGEVIEW DR., PALM BEACH, FL 33480 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. NATALIE SAEGER

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

Printed Name of the Person Filing