

P93000061086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

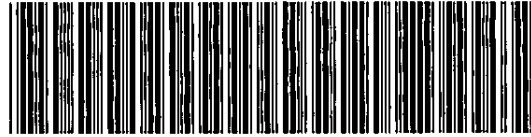
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

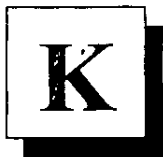


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FILED
14 APR 30 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. CARROTHERS
MAY 08 2014



THE KARP LAW FIRM

A Professional Association

Elder Law • Estate Planning & Administration • Probate • Disability, Special Needs, Medicaid & Veterans Benefits Planning

JOSEPH S. KARP

Florida Certified Elder Law Specialist
Certified Elder Law Attorney, Natl. Elder Law Foundation
Member, FL & NY Bar

GENNY BERNSTEIN

Florida Certified Elder Law Specialist

ADELE SMALL HARRIS

T. J. HEINEMANN, LL.M.

Of Counsel

RACHEL GOLDSTEIN ZETOUNI

*Please Reply to:
Palm Beach Gardens*

ADMINISTRATOR

Audrey L. Yeager, CP

April 28, 2014

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

RE: Articles of Dissolution

To Whom it May Concern:

Enclosed for filing, please find the following Articles of Dissolution for the following companies:

1. Westminster F&M, Inc.;
2. Albar Realty, Inc.;
3. Melbourne 150 Realty, Inc.;
4. Albar/Melbourne Realty, Inc.;
5. Westroads Realty, Inc.;
6. Management & Maintenance Services Co.;
7. Commercial Industrial Mold USA, Inc.;
8. United Funding Services, Inc.;
9. CIM Institute for Learning, Inc.;
10. Special Products, Inc.;
11. East Coast Line Sightseeing Company, Inc.;
12. TIBS, Inc.;
13. Juno Ocean Key Realty, Inc.;
14. The Mold Store, Inc.;
15. Ventures Worldwide Corporation; and
16. Juno Towne Plaza, Inc.

Quantum Park, Suite 203
2500 Quantum Lakes Drive
Boynton Beach, FL 33426
(561) 752-4550 Fax: (561) 625-0060

2875 PGA Boulevard, Suite 100
Palm Beach Gardens, FL 33410-2910
(561) 625-1100 Fax: (561) 625-0060
(Main Office)

Seacoast Banking Centre
Suite 102
1100 S. W. St. Lucie West Boulevard
Port St. Lucie, FL 34986
(772) 343-8411 Fax: (561) 625-0060

Also enclosed is this firms check #70374 in the amount of \$560.00 representing the filing fee for the above Articles of Dissolution.

Should you have any questions, or need anything further, please do not hesitate to contact our office.

Very truly yours,



Lynn Merone

Estate Planning Assistant

Direct: (561) 472-7480

Email: lmerone@karplaw.com

/lam

Enclosures



THE KARP LAW FIRM

A Professional Association

Elder Law • Estate Planning & Administration • Probate • Disability, Special Needs, Medicaid & Veterans Benefits Planning
E-mail: klf@karplaw.com • On the web: www.karplaw.com • Out of area toll-free: (800) 893-9911

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SPECIAL PRODUCTS, INC.

DOCUMENT NUMBER: P93000061086

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

Please return all correspondence concerning this matter to the following:

CLAYTON A. SHACKLETON

(Name of Contact Person)

(Firm/Company)

124 LAKESHORE DRIVE, PH 29

(Address)

NORTH PALM BEACH, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

CLAYTON A. SHACKLETON at **(561) 254-9506**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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
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:

SPECIAL PRODUCTS, INC.

SECOND: The document number of the corporation (if known): **P93000061086**

THIRD: The date dissolution was authorized: **4/16/2014**

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

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)

ALBERT H. SHACKLETON

(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.

Name of Corporation: SPECIAL PRODUCTS, INC.

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:

1. Name, address, telephone and email of the claimant;
2. Description of the claim - nature and amt. in controversy;
3. Secured or unsecured claim and nature of security;
4. Name, address, telephone and email of claimant's lawyer.

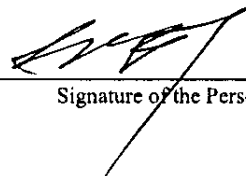
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Clayton A. Shackleton
124 Lakeshore Drive, PH 29
North Palm Beach, FL 33408

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.

Albert H. Shackleton

Printed Name of the Person Filing



Signature of the Person Filing

FILED
14 APR 30 PM 1:30
TALLAHASSEE
FLORIDA
SECRETARY OF STATE