

06/26/2008 10:43 FAX 4074231831
Division of Corporations

DEAN MEAD ORLANDO

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL

W.R.B. SUITE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

ABC 00348/00421

RECEIVED

2008 JUN 26 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2008 JUN 26 PM 2:24

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6/26/08

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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:

W.R.B. Suite, Inc.

SECOND: The document number of the corporation (if known): P94000049272

THIRD: The date dissolution was authorized: MAY 30TH, 2008

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)

G. Robert Blanchard, Jr.

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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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: W.R.B. Suite, 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:

Name and mailing address of the creditor

Amount of the claim

Copies of document(s) forming the basis of the claim

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

c/o W.R.B. Enterprises, Inc.

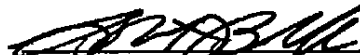
1414 Swann Ave., Suite 201

Tampa, FL 33606-2533

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.

G. Robert Blanchard, Jr., President

Printed Name of the Person Filing



Signature of the Person Filing

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

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