

P95000044281

(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



400143858074

02/23/09--01029--011 **35.00

VD/2THM

FILED
09 MAR -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAR 05 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2009

WALLACE M. BROWN
3941 S PENINSULA DRIVE
DAYTONA BEACH, FL 32127

SUBJECT: OCEAN RESORT MANAGEMENT, INC.
Ref. Number: P95000044281

We have received your document for OCEAN RESORT MANAGEMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Articles of Dissolution form was not attached. Please complete the enclosed form and resubmit with attached Notice of Corporate Dissolution.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00006573

RECEIVED
2009 MAR -5 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: OCEAN RESORT MANAGEMENT INC DISSOLUTION

DOCUMENT NUMBER: P95000044281

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

Please return all correspondence concerning this matter to the following:

WALLACE M BROWN

(Name of Contact Person)

(Firm/Company)

3941 S PENINSULA DRIVE

(Address)

DAYTONA BEACH, FL 32127

(City/State and Zip Code)

For further information concerning this matter, please call:

WALLACE M BROWN

(Name of Contact Person)

at (386) 316-4706

(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:

FILED
09 MAR -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Ocean Resort Management, INC.

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

THIRD: The date dissolution was authorized: 2/1/09

Effective date of dissolution if applicable: 2/1/9
(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

W. Brown Pres
(voting group)

Signature: _____

W. Brown Pres
(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)

Wallace Brown

(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: OCEAN RESORT MANAGMENT 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:

WHAT THE CLAIM IS FOR

PURCHASE VOUCHER WITH CORPORATION AUTHORIZATION NOTED

INVOICE WITH DISCRIPTION OF SERVICES OR GOODS

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

WALLACE M BROWN

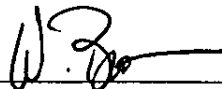
3941 S PENINSULA DR

DAYTONA BEACH, FL 32127

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.

WALLACE M BROWN

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