

# P960000044972

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000064102 3)))



H110000641023ABCP

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

## DISSOLUTION OR WITHDRAWAL WEST TAMPA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

UD/WITHDRAW

Electronic Filing Menu

Corporate Filing Menu

Help

fr 3-11-11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** West Tampa, Inc.

**DOCUMENT NUMBER:** P96000044972

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

Please return all correspondence concerning this matter to the following:

Audrey Blevins, Senior Paralegal

(Name of Contact Person)

Frost Brown Todd LLC

(Firm/Company)

250 West Main Street, Suite 2800

(Address)

Lexington, Kentucky 40507

(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Blevins

(Name of Contact Person)

at ( 859 ) 244-3210

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |  |   |   |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

11 MAR 11 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State.  
WEST TAMPA, INC.

SECOND: The document number of the corporation (if known): P96000044972

THIRD: The date dissolution was authorized: 12/31/2010

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 or if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Kevin P. Riley

\_\_\_\_\_  
(Typed or printed name of person signing)

Treasurer- Vice 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: WEST TAMPA, 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. The name and address of the claimant.

2. A brief description of the nature of the claim.

3. The date the claim was incurred.

4. The amount of the claim.

5. Terms of payment.

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

Mr. Kevin P. Riley, Chief Financial Officer

North American Properties

212 East Third Street, Suite 300

Cincinnati, OH 45202

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.

Kevin P. Riley, Treasurer Vice 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