

P96000085242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

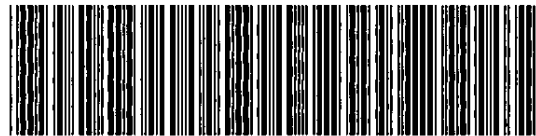
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/03/09--01016--014 \*\*35.00

FILED  
2009 DEC -3 PM 1:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Diss.

TB

DEC - 8 2009

December 1, 2009

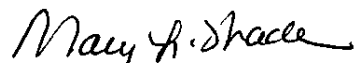
Florida Department of State  
Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

Re: Suncoast Bicycles Plus, Inc.  
Document #P96000085242

Dear Sir or Madam:

Enclosed you will find the Articles of Dissolution for filing with your office, together with my check in the amount of \$35 to cover the filing fee.

Sincerely,



Mary L. Wade  
774 E Gaines Lane  
Hernando FL 34442

11/25/09 11:11 AM  
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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:

SUNCOAST Bicycles Plus, INC.

SECOND: The document number of the corporation (if known): 796000085242

THIRD: The date dissolution was authorized: October 1, 2009

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)

MARY C. WADE

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA