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.

(((H15000306200 3)))



H150003062003ABCR

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)617-6390

2069895-1

From:

Account Name : BUCHANAN INGERSOLL & ROONEY PC - TAMPA OFFICE

Account Number : I19990000148 Phone : (813)769-7692 Fax Number : (813)228-9401

DISSOLUTION OR WITHDRAWAL ROMA VENTURE I, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

DEC 3 1 2015

C McNAIR

COVER LETTER

•		
	FAX AUDIT H15000306200 3	
<u>c</u>	OVER LETTER SALES	
TO: Amondanian Section		
TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: Roma Venture I, Inc.	OVER LETTER	
DOCUMENT NUMBER: P96000101130		
The enclosed Articles of Dissolution and	I fee are submitted for filing.	
Please return all correspondence concerni	ing this matter to the following:	
Mitchell I. Horowitz		
(Name o	of Contact Person)	
Buchanan Ingersoll & Rooney PC		
- · ·	rm/Company)	
401 E. Jackson Street, Ste. 2400	ian oo,apaay,	
·	<u> </u>	
(Address)	
Tampa, FL 33602		
(City/S	tate and Zip Code)	
For further information concerning this m	natter, please call	
	, F	
Mitchell I. Horowitz	at (⁸¹³⁻²²²⁻¹¹⁰⁵	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
□ \$35 Filing Fee □ \$43.75 Filing Fee &	≈ \$43.75 Filing Fee & □ \$52.50 Filing Fee,	
Certificate of Status	Certified Copy Certificate of Status &	
	(Additional copy is Certified Copy	
	enclosed) (Additional copy is enclosed)	
MAILING ADDRESS:	·	
Amendment Section	STREET ADDRESS: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
iananagee ei 1/4/4	AND HYPCHTIVE CONTOCT CONTO	

FAX AUDIT H15000306200 3

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 Roma Venture I, Inc. SECOND: The document number of the corporation (if known); December 31, 2015 THIRD: The date dissolution was authorized: December 31, 2015 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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: XX (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) Ron Roma (Typed or printed name of person signing) President

FAX AUDIT H15000306200 3

(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:_____Roma Venture I, 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: The basis of any claim. Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations) Buchanan Ingersoli & Rooney PC Attn: Mitchell I. Horowitz 401 E. Jackson Street, Ste. 2400 Tampa, FL 33602 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. Ron Roma

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

FAX AUDIT H15000306200 3

Signature of the Person Filing

Printed Name of the Person Filing