

P97000019801

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 & BOZART
Account Number : 076077001702
Phone : (407) 841-1200
Fax Number : (407) 423-1831

DISSOLUTION OR WITHDRAWAL
SZF, INC.

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

SCL 016122/028950

VD/with not

FILED
10 SEP 15 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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RECEIVED
2010 SEP 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED**ARTICLES OF DISSOLUTION** 10 SEP 15 AM 9:56

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SZF, Inc.

SECOND: The document number of the corporation (if known): P97000019801

THIRD: The date dissolution was authorized: September 10, 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 - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Seema Zimmerman

(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: SZF, 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 of Claimant: _____

Address of Claimant: _____

Amount of Claim: _____

Nature of Claim (attach copies) _____

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

SZF, Inc.

c/o Seema Zimmerman

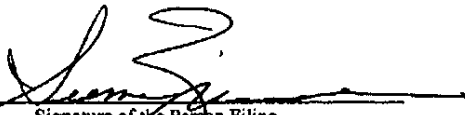
10409 Greenhedges Drive

Tampa, FL 33626

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.

Seema Zimmerman, 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