

P9 8000047277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

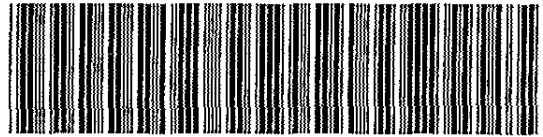
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700023778057

10/21/03--01008--017 \*\*35.00

FILED  
03 OCT 21 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VOIDS/inactive  
XRC  
10/2

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAXMI MANAGEMENT II, INC.

DOCUMENT NUMBER: P98000047277

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

Please return all correspondence concerning this matter to the following:

ARVIND PATEL

(Name of Person)

(Name of Firm/Company)

7701 UNIVERSAL BLVD.

(Address)

ORLANDO, FLORIDA 32819

(City/State/and Zip Code)

For further information concerning this matter, please call:

ARVIND PATEL

(Name of Person)

at ( 407 ) 313-4200

(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, Florida 32314

STREET ADDRESS:

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

## 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 Department of State:

LAXMI MANAGEMENT II, INC

SECOND: The document number of the corporation (if known): P980000 47277

THIRD: The date dissolution was authorized: 10/1/03

Effective date of dissolution if applicable: 10/1/03  
(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 of 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)

Signed this 14 day of OCT 2003

Signature: Arvind

(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)

ARVIND PATEL

(Typed or printed name of person signing)

PRESIDENT/DIRECTOR

(Title of person signing)

Filing Fee: \$35

03 OCT 21 AM 10:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED