## P98000067304

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	INC.		6th Avenue. Tallahassee, Flor 6) ~ (850) 222-2666 or (8	rida 32303 00) 969-1666. Fax (850) 222-16	66
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**SPECIAL** 

**INSTRUCTIONS:** 

## COVER LETTER

Division of Corporations	
SUBJECT: STONECLIFF FARM, INC.	
DOCUMENT NUMBER: P980000673	04
The enclosed Articles of Dissolution a	nd fee are submitted for filing.
Please return all correspondence concer	rning this matter to the following:
ROBERT SALTSMAN	
(Name	e of Contact Person)
ROBERT P. SALTSMAN, P.A.	
	Firm/Company)
PO BOX 2146	
	(Address)
WINTER PARK, FL 32789	
(City	/State and Zip Code)
For further information concerning this	s matter, please call:
ROBERT SALTSMAN	at ( 407-647-2899
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)
Enclosed is a check for the following a	mount:
■ \$35 Filing Fee	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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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:  STONECLIFF FARM, INC.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:  04/30/2023  04/30/2023				
	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:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.				
	•				
	Signature: Wall				
	(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)				
	WILLIAM A. NASSAL				
	(Typed or printed name of person signing)				
	SECRETARY				
	(Title of person signing)				

Filing Fee: \$35