

P 98000072479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Valen Dr.
06/18/09
De

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: closed

DOCUMENT NUMBER: P98000072479

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

Please return all correspondence concerning this matter to the following:

Silviana Ortiz

(Name of Contact Person)

Travel Inn of Hollywood, Inc

(Firm/Company)

7021 Coolidge St

(Address)

Hollywood, Florida 33024

(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Ortiz

(Name of Contact Person)

at (954) 303-0524

(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, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2009

SILVIANA ORTIZ
7021 COOLIDGE ST.
HOLLYWOOD, FL 33024

SUBJECT: TRAVEL INN OF HOLLYWOOD, INC.
Ref. Number: P98000072479

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

You have submitted two documents to dissolve the subject corporation. Please choose the correct type of dissolution according to Florida Statutes and resubmit only one document.

IF SELECTING ARTICLES OF DISSOLUTION TO BE FILED PURSUANT TO SECTION 607.1403, PLEASE COMPLETE THE DATE AUTHORIZED IN SECTION THIRD. THE DATE MUST CONTAIN MONTH/DAY/YEAR. THIS DOCUMENT MUST ALSO BE SIGNED BY AN OFFICER/DIRECTOR AND LIST THE NAME AND TITLE OF THE OFFICER/DIRECTOR SIGNING BELOW THE SIGNATURE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Regulatory Specialist II

Letter Number: 509A00019649

RECEIVED
2009 JUN 17 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Travel Inn of Hollywood, Inc.

SECOND: The document number of the corporation (if known): P98000072479

THIRD: The date dissolution was authorized: 12/31/2008

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)

SILVIANA Ortiz

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

SECRETARY OF STATE
ALL AMASS FILING

09 JUN 17 AM 10:36

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