

P98000089387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

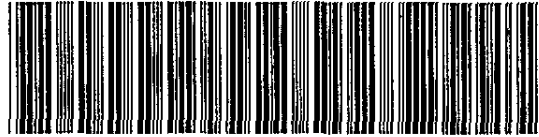
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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10.25.04 - 01012 - 014 \*\*35.00

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FILED  
04 OCT 25 10 46 AM '02  
FILING OFFICE

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P98000089387

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

Please return all correspondence concerning this matter to the following:

Salvatore Lucchese  
(Name of Person)

477 Commerce Way, Inc  
(Name of Firm/Company)

1000 Sweetwater Club Blvd  
(Address)

Longwood, FL 32779  
(City/State/and Zip Code)

For further information concerning this matter, please call:

Salvatore Lucchese at (646) 279-9605  
(Name of Person) (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:

FILED  
OCT 25 PM 1:12

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

477 Commerce Way, Inc.

SECOND: The document number of the corporation (if known): P98000089397

THIRD: The date dissolution was authorized: 12/31/23

Effective date of dissolution if applicable: 12/31/23  
(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.

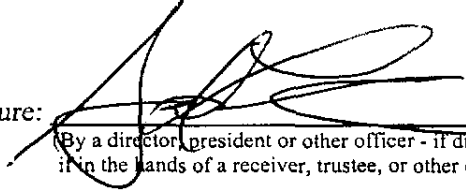
Dissolution was approved by of the shareholders through voting groups.

*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 \_\_\_\_\_ day of \_\_\_\_\_,

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)

Salvatore Lucchese  
(Typed or printed name of person signing)

Director  
(Title of person signing)

**PORTNEY & COMPANY**  
 CERTIFIED PUBLIC ACCOUNTANTS

TEL: (201) 862-0500  
 (212) 564-5657  
 FAX: (201) 461-8863  
 EMAIL: portneyco@aol.com

1086 TEANECK ROAD  
 TEANECK, NEW JERSEY 07666

TO: Sal Luccese  
477 Commerce Way

DATE 8/24/04

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

RETURN ENCLOSED (FOR YEAR)	DECLARATION OF ESTIMATED TAX						
	A. <input type="checkbox"/> FEDERAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12/31/03	B. <input type="checkbox"/> N.J.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	C. <input type="checkbox"/> N.Y. STATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TO BE SIGNED AND DATED BY	D. <input type="checkbox"/> N.Y. CITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1540	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> EXECUTOR/EXECUTRIX <input type="checkbox"/> TAXPAYER AND SPOUSE <input type="checkbox"/> TRUSTEE <input checked="" type="checkbox"/> AN OFFICER <input type="checkbox"/> ADMINISTRATOR/ADMINISTRATIX <input type="checkbox"/> A PARTNER						
AMOUNT OF TAX	Filing Fee \$ <u>35</u> PAYABLE IN FULL ON PAGE(S) <u>Page 1</u>						
ESTIMATES PAYABLE IN INSTALLMENTS AS FOLLOWS:	DATE                      AMOUNT _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____						
MAKE CHECKS PAYABLE TO	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input type="checkbox"/> N.Y. STATE CORPORATION TAX <input type="checkbox"/> STATE OF NEW JERSEY <input type="checkbox"/> NYC DEPARTMENT OF FINANCE <input type="checkbox"/> N.Y. STATE INCOME TAX BUREAU <input checked="" type="checkbox"/> <u>Florida Dept of State</u>						
MAIL RETURN AND CHECK SO AS TO ARRIVE IMMEDIATELY	A. FEDERAL INTERNAL REVENUE SERVICE CENTER <input type="checkbox"/> HOLTSVILLE, N.Y. 00501 <input type="checkbox"/> ANDOVER, MASS. 05501 <input type="checkbox"/> _____ B. NEW YORK STATE <input type="checkbox"/> PROCESSING CENTER P.O. BOX 1909, ALBANY, N.Y. 12201 <input type="checkbox"/> NEW YORK STATE INCOME TAX STATE CAMPUS, ALBANY, N.Y. 12227 C. NYC DEPARTMENT OF FINANCE <input type="checkbox"/> P.O. BOX 1155 WALL ST. STA., N.Y., N.Y. 10005 <input type="checkbox"/> P.O. BOX 1144 WALL ST. STA., N.Y., N.Y. 10005 <input type="checkbox"/> P.O. BOX 3900 CHURCH ST. STA., N.Y., N.Y. 10008 <input type="checkbox"/> P.O. BOX 1117 WALL ST. STA., N.Y., N.Y. 10005 <input type="checkbox"/> BOX 1130 WALL ST., STA., N.Y., N.Y. 10005 D. <input checked="" type="checkbox"/> OTHER <u>Amendment Section</u> <u>Division of Corporations</u> <u>PO Box 6327</u> <u>Tallahassee, FL 32314</u>						
OVERPAYMENT	<input type="checkbox"/> YOUR _____ TAX HAS BEEN OVERPAID BY \$ _____ <input type="checkbox"/> \$ _____ IS BEING APPLIED AGAINST YOUR ESTIMATED TAX FOR 19 _____ <input type="checkbox"/> \$ _____ IS TO BE REFUNDED TO YOU <input type="checkbox"/> \$ _____ IS BEING APPLIED TO CT3M/4M FOR 19 _____						
REMARKS	<input type="checkbox"/> COPY OF RETURN IS ENCLOSED FOR YOUR FILES <input type="checkbox"/> ALSO SIGN FEDERAL RETURN ATTACHED! <input type="checkbox"/> _____						