

P48000104509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

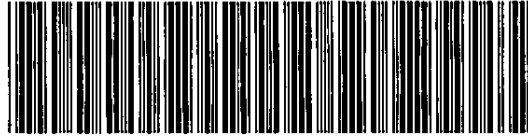
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500271082375

04/03/15--01017--020 **43.75

APR 07 2014
C. CARROTHERS

FILED
15 APR -3 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LISA BRADEN, P.A.
4623 FOREST HILL BLVD., SUITE 108-1
WEST PALM BEACH, FLORIDA 33415
E-Mail: lisa@lisabraden.com

Website: www.lisabraden.com

Telephone: (561) 641-1888

March 31, 2015

Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: PARADISE LIMOUSINE SERVICES, INC.
Articles of Dissolution

Dear Sirs:

Please find enclosed the Articles of Dissolution for PARADISE LIMOUSINE SERVICES, INC., along with a check in the amount of \$43.75.

Please return the **filed** Articles of Dissolution to my office.

Sincerely yours,

A handwritten signature in black ink that reads "Lisa Braden". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Lisa Braden

enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Paradise Limousine Services, Inc.

DOCUMENT NUMBER: P98000104509

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

Please return all correspondence concerning this matter to the following:

Lisa Braden

(Name of Contact Person)

Lisa Braden, P.A.

(Firm/Company)

4623 Forest Hill Blvd., Suite 108-1

(Address)

West Palm Beach, Florida 33415

(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Braden

(Name of Contact Person)

at (561) 641-1888

(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

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:

PARADISE LIMOUSINE SERVICES, INC.

SECOND: The document number of the corporation (if known): P98000104509

THIRD: The date dissolution was authorized: March 10, 2015

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)

Rudolph G. Krause

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
15 APR -3 PM 1:11
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA