

Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6380

Please retain original filing
date of submission 12/27

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

DISSOLUTION OR WITHDRAWAL
SAI FL HC6, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA
ATTORNEY
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Corporate Filing Menu

Help



December 27, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SAI FL HC5, INC.
4401 COLWICK ROAD
CHARLOTTE, NC 28211US

SUBJECT: SAI FL HC5, INC.
REF: P98000063998

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect type of document. The cover sheet must reflect the type of document you are filing. Please generate a new fax audit cover sheet under the appropriate document type. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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Annette Ramsey
Regulatory Specialist II

FAX Aud. #: H12000301916
Letter Number: 512A00030422

RECEIVED
12 DEC 28 AM 8:13
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SAI FL HC6, Inc.

DOCUMENT NUMBER: P99000004218

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

Please return all correspondence concerning this matter to the following:

Elizabeth A. Chapman

(Name of Contact Person)

Parker Poe Adams & Bernstein LLP

(Firm/Company)

401 South Tryon Street, Suite 3000

(Address)

Charlotte, NC 28202

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth A. Chapman

(Name of Contact Person)

at (704)

335-9855

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
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(Additional copy is
enclosed) | <input type="checkbox"/> \$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

1231-12

ARTICLES OF DISSOLUTION

FILED

2012 DEC 27 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
SAI FL HC6, Inc.

SECOND: The document number of the corporation (if known): **P99000004218**

THIRD: The date dissolution was authorized: _____
Effective date of dissolution if applicable: **12:59 p.m. on 12/31/2012**
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

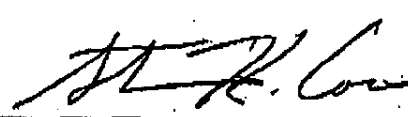
☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ 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)

Stephen K. Cass
(Typed or printed name of person signing)

Secretary
(Title of person signing)

Filing Fee: \$35