# 1 P99000023852

·
(Requestor's Name)
(Address)
(Address)
( tauress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
. (During E. 1) March
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600079266986

09/07/06--01010--016 \*\*35.00



Diss w/notice



## **COVER LETTER**

Amen Divisi	dment Sect	
SUBJECT.	O .	0

DOCUMENT NUMBER: \_ P 990000 23852 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: For further information concerning this matter, please call: (Name of Contact Person) at (954) 914 - 9275 (Area Code & Daytime Telephone Number) \$35 Filing Fee \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

Enclosed is a check for the following amount:

Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy enclosed) (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:

Carolina Court Motel Dre,
The document number of the corporation (if known):
The date dissolution was authorized: Business poll, 11/30
Effective date of dissolution if applicable:  (no more than 90 days after dissolution file date)
Adoption of Dissolution (CHECK ONE)
Dissolution was approved by the shareholders. The number of votes cast for dissolutio 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
ignature:  Betty Mushy  (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)  Betty T. Mushy  (Typed or printed name of person signing)  President
_

Filing Fee: \$35



# **Notice of Corporate Dissolution**

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

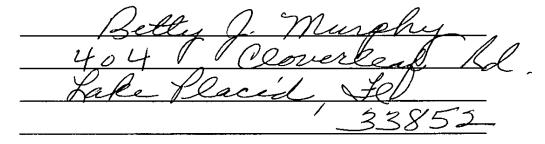
Name of Corporation:_	Corolina	Court Matel.
• –		• • •

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

Carolina Court Matel Ones
300/ SE toth ave or
3001 South Federal Huy
It. Landerlale, Il 333/16

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)



A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Betty J Murphy

Printed Name of the Person Filing | Betty J. Murphy

Signatury of the Person Filing | Signatury of the Person Filing