

P99 0000 48495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

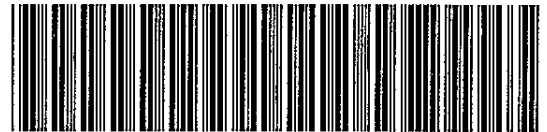
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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PORTNEY & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

TEL: (201) 862-05
(212) 564-56
FAX: (201) 461-88
EMAIL: portneyco@aol.com

1086 TEANECK ROAD
TEANECK, NEW JERSEY 076

FILING COPY

TO: Sal Lucchese
Landings Shoppes, Inc

DATE 7/28/04

INSTRUCTIONS FOR FILING ATTACHED TAX RETURN

RETURN ENCLOSED (FOR YEAR) <u>12/31/03</u>	DECLARATION OF ESTIMATED TAX A. <input type="checkbox"/> FEDERAL B. <input type="checkbox"/> N.J. C. <input type="checkbox"/> N.Y. STATE D. <input type="checkbox"/> N.Y. CITY E. <input checked="" type="checkbox"/> OTHER	INDIVIDUAL PARTNERSHIP CORPORATION FIDUCIARY OTHER	Articles of Dissolution
TO BE SIGNED AND DATED BY <u>ASAP</u>	<input type="checkbox"/> TAXPAYER <input type="checkbox"/> TAXPAYER AND SPOUSE <input type="checkbox"/> AN OFFICER <input type="checkbox"/> A PARTNER <input type="checkbox"/> EXECUTOR/EXECUTRIX <input type="checkbox"/> TRUSTEE <input type="checkbox"/> ADMINISTRATOR/ADMINISTRATIX	<u>Sal Lucchese, Director</u> ON PAGE(S) <u>Page 1</u>	
Filing Fee AMOUNT OF TAX	\$ <u>35</u>	PAYABLE IN FULL	
ESTIMATES PAYABLE IN INSTALLMENTS AS FOLLOWS:	DATE	AMOUNT	
MAKE CHECKS PAYABLE TO	<input type="checkbox"/> INTERNAL REVENUE SERVICE <input type="checkbox"/> STATE OF NEW JERSEY <input type="checkbox"/> N.Y. STATE INCOME TAX BUREAU	<input type="checkbox"/> N.Y. STATE CORPORATION TAX <input type="checkbox"/> NYC DEPARTMENT OF FINANCE <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 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 Corporation</u> <u>P.O. Box 6327</u> <u>Tallahassee, FL 32314</u>	
OVERPAYMENT	<input type="checkbox"/> YOUR <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$	TAX HAS BEEN OVERPAID BY \$ IS BEING APPLIED AGAINST YOUR ESTIMATED TAX FOR 19 IS TO BE REFUNDED TO YOU IS BEING APPLIED TO CT3M/4M FOR 19	
REMARKS	<input checked="" type="checkbox"/> COPY OF RETURN IS ENCLOSED FOR YOUR FILES <input type="checkbox"/> ALSO SIGN FEDERAL RETURN ATTACHED! <input type="checkbox"/>		

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Corporation

DOCUMENT NUMBER: P 99000048495

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)

Landings Shoppes, 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) 279-9685
(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:

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

Landings Shoppers, Inc.

SECOND: The document number of the corporation (if known): P99000048495

THIRD: The date dissolution was authorized: 12/31/03

Effective date of dissolution if applicable: 12/31/03
(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: Sal L. V. Press

(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 V. Press

(Title of person signing)

Filing Fee: \$35