

512620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

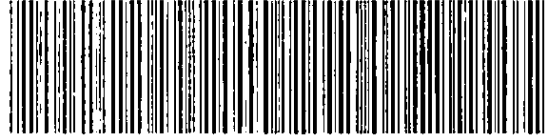
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Special Instructions to Filing Officer:

J. HORNE

JUN - 7 2022

Office Use Only



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2022 JUN - 6 AM 8:59

JUN - 6 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 723676 5151529

AUTHORIZATION :

[Signature]

COST LIMIT : \$25.00

ORDER DATE : June 3, 2022

ORDER TIME : 3:52 PM

ORDER NO. : 723676-005

CUSTOMER NO: 5151529

DOMESTIC FILINGS

NAME: CITY NIGHTS VALET, INC.

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER'S INITIALS:

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:

CITY NIGHTS VALET, INC.

SECOND: The document number of the corporation (if known): S12620

THIRD: The date dissolution was authorized: May 3, 2022

Effective date of dissolution if applicable:

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

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)

Ritu Vig

(Typed or printed name of person signing)

Vice President, Chief Legal Officer & Secretary

(Title of person signing)

Filing Fee: \$35

FILED
2022 JUN -6 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FL

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: CITY NIGHTS VALET, INC.

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

The nature and amount of the Claim. Claims must be in writing and sent to the address below.

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

CITY NIGHTS VALET, INC.

Attn: Legal Department

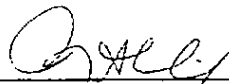
200 East Randolph Street, Suite 7700

Chicago, IL 60601

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.

Ritu Vig

Printed Name of the Person Filing



Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00