

556647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

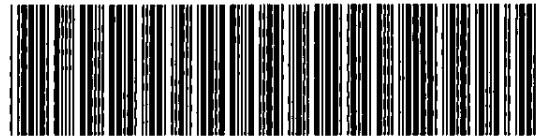
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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03/06/08--01008--012 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VOIDS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2008

JAMES R. ATTKISSON
ATKISSON & ASSOCIATES, P.A.
9600 KOGER BLVD., SUITE 105
ST. PETERSBURG, FL 33702

SUBJECT: ARBOR LAKES INVESTMENTS, INC.
Ref. Number: S56647

We have received your document for ARBOR LAKES INVESTMENTS, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file articles of dissolution or a certificate of withdrawal is \$35. Certified copies are optional and are \$8.75 for the first 8 pages of the document, and \$1 for each additional page, not to exceed \$52.50.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 208A00010562

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Arbor Lakes Investments, Inc.

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

James R. Attkisson

(Name of Contact Person)

Attkisson & Associates, P.A.

(Firm/Company)

9600 Koger Boulevard Suite 105

(Address)

St. Petersburg, Florida 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

James R. Attkisson

(Name of Contact Person)

at (727) 576-3803

(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

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TALLAHASSEE, FLORIDA

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:

Arbor Lakes Investments, Inc.

SECOND: The document number of the corporation (if known): S56647

THIRD: The date dissolution was authorized: December 31, 2007

Effective date of dissolution if applicable: December 31, 2007

(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 ^{provided} to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

n/a

(voting group)

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TALLAHASSEE, FLORIDA

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)

Hermann Flachsmann

(Typed or printed name of person signing)

President

(Title of person signing)

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: Arbor Lakes Investments, Inc.

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:

Nature of claim and amount; name of claimant; address of claimant

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

c/o Attkisson & Associates, P.A.

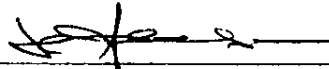
9600 Koger Boulevard Suite 105

St. Petersburg, Florida 33702

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.

Hermann Flachsmann

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