

V45160

Associates of Crossinds, Inc

Requestor's Name

P O Box 7777

Address

Troy, MI 48067-7777

City/State/Zip

Phone #

000002397360--5

-01/12/98--01119--005

\*\*\*\*105.00 \*\*\*\*\*52.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Associates of Crossinds, Inc.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
98 FEB 20 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 23 1998

W398-1015 (V45160)

Examiner's Initials

KWM



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

January 15, 1998

ASSOCIATES OF CROSSWINDS, INC.  
P.O. BOX 7777  
TROY, MI 48007-7777

SUBJECT: ASSOCIATES OF CROSSWINDS, INC.  
Ref. Number: V45160

We have received your document for ASSOCIATES OF CROSSWINDS, INC. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please correct spelling of the entity listed in section 1. The attached document is used to cancel a limited partnership not a corporation.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Kenny Manning  
Corporate Specialist

Letter Number: 198A00002311

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED  
98 FEB 20 PM 3:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: Associates of Crosswinds, Inc.

SECOND: The date dissolution was authorized: 12/10/97

THIRD: 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 vote of the shareholders through voting groups.

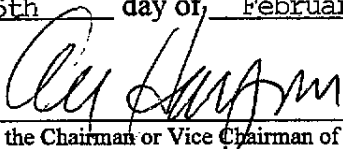
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

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

\_\_\_\_\_  
(voting group)

Signed this 5th day of February, 19 88

Signature

  
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Alan Hayman

(Typed or printed name)

Secretary/Treasurer

(Title)