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COVER LETTER

TO: Amendment Section Division of Corporations

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT: 500E Country Club Circle, Inc			•.	
DOCUMENT NUMBER: P01000120286				
The enclosed Articles of Dissolution and	fee are submitted for filing	ડ .		
Please return all correspondence concerning	ng this matter to the follow	ring:		
Jan Marie Doughty, CPA	,		_	
(Name of	Contact Person)			
Jan Marie Doughty, CPA		·		
, (Fin	m/Company)			
3000 N. Atlantic Ave, Suite 208		10 P	HESS.	
(A	(ddress)			
Cocoa Beach, FL 32931		·· 2	1100	
(City/Sta	ate and Zip Code)		ALS ALS	
For further information concerning this ma	utter, please call:	.	2 10x	
Jan Doughry	at (at)			
(Name of Contact Person)	(Area Code)	(Daytime Telephone Nu	mber)	
Enclosed is a check for the following amou	ınt:			
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)	ż	
Mailing Address: Amendment Section	Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32303

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

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 Sta					
	500E Country Club Circle, Inc					
SECOND:	The document number of the corporation (if known):					
THIRD:	The date dissolution was authorized:					
	Effective date of dissolution <u>if applicable</u> : (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirem not be listed as the document's effective date on the Department of State's records.	file date ents, th	o) nis date will			
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.					
	Signature: Laberte Laborators or officers and been selected, by	20 AUS 17 AMII: 12	FILED SECRETARY OF STATE PLANT OF STATE			
,	an incorporator - if in the hands of a receiver, trustoe, or other court appointed fiduciary, by that fichnciary)					
	Audrey Laliberte (Typed of printed name of person signing)					
	President (Title of person signing)					

Filing Fee: \$35