PD4DD0128435

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
. (Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400268694184

01/27/15--01023--014 **35.00

2015 JAN 27 PM 2: 13
SECRE ARY OF STAFE
SECRE ARREST FLORIDA

7015 14N 27 PM 2:

AHD155 101,29,15

Division of Corporations
SUBJECT: DISSOLUTION
DOCUMENT NUMBER: P04000128435
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
STEVEN BOGARD
(Name of Contact Person)
MEETING MANAGEMENT CORPORATION
(Firm/Company)
1039 SHERIDAN AVENUE
(Address)
SHREVEPORT, LA 71104
(City/State and Zip Code)
For further information concerning this matter, please call:
STEVEN BOGARD at (318) 588-2029
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
■\$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is enclosed) 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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution: The name of the corporation as currently filed with the Florida Department of State: FIRST: MANAGEMENT CORPORATION MEETING The document number of the corporation (if known): PO 4000 / 28 4 3 5 SECOND: The date dissolution was authorized: THIRD. Effective date of dissolution if applicable: 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 entitled to vote separately on the plan to dissolve: The number of votes cast for dissolution was sufficient for approval by Signature:

STEVEN BOGARD

that fiduciary)

(Typed or printed name of person signing)

(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

(Title of person signing)

Filing Fee: \$35