

PIH 0000 853 24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

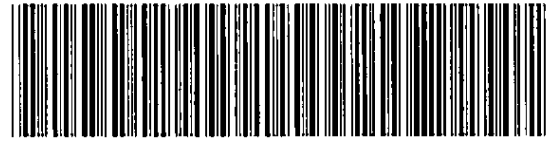
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

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2023 NOV 20 PM 3:12

DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CSC - Tallahassee  
 1201 Hays Street  
 Tallahassee, FL 32301-2607  
 850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations  
 From: Alexxis Weiland-Sorenson  
 Ext: 61592  
 Date: 11/20/23  
 Order #: 1321112-1  
 Re: AB Florida Group (Park at Vittoria), Inc.  
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Dissolution/Cancellation/Termination  
 Amount to be deducted from our State Account: \$35.00 - FL State Account Number:  
 I20000000195

auth:

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Please take the following action:  
 File in your office on basis  
 Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** AB FLORIDA GROUP (PARK AT VICTORIA), INC

**DOCUMENT NUMBER:** P14000085324

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

Please return all correspondence concerning this matter to the following:

MICHAEL ST. PETER

(Name of Contact Person)

LEVENFELD PEARLSTEIN, LLC

(Firm/Company)

120 S. RIVERSIDE PLAZA, STE. 1800

(Address)

CHICAGO, ILLINOIS 60606

(City/State and Zip Code)

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (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

Street Address:  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee

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:  
AB FLORIDA GROUP (PARK AT VITTORIA), INC.

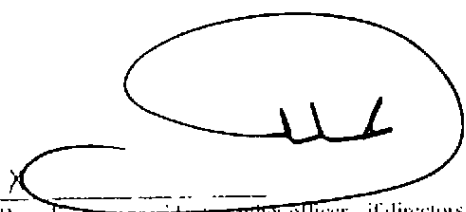
SECOND: The document number of the corporation (if known): P11000085324

THIRD: The date dissolution was authorized: JULY 1, 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.

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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)

Ajlan Bin Abdulaziz Alajlan  
\_\_\_\_\_  
(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:

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:

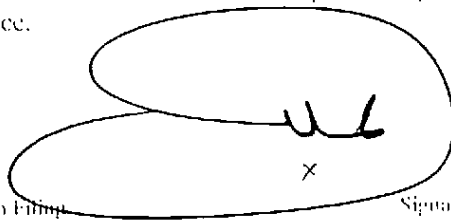
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_

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TALLAHASSEE, FL

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.



\_\_\_\_\_  
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

