P16000081861

•		
(Requestor's Name)		
(Address)		
. (Address)		
(City/State/Zip/Phone #)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Business Energ Harrie)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





500134113305

08/12/08--01028--003 **35.00

Doldes Wrother SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Dissolution	of a Florida Corpora
DOCUMENT NUMBER: PO6000	1861
The enclosed Articles of Dissolution and fee are submitted	ed for filing.
Please return all correspondence concerning this matter to	the following:
Janice Det	
(Name of Contact Person	n)
The PAVER PLACE.	INC
(Firm/Company)	
6/6 SE 10 Th (Address)	Street
Destield BEACH,	FL 3344
(City/State and Zip Cod	de)
For further information concerning this matter, please cal	u:
Tanice De Feo at (S) (Name of Contact Person)	rea Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
☐\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐ Certified C (Additional enclosed)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahasses, 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: Paver Place INC. The document number of the corporation (if known): PO6D000 F/86/SECOND: THIRD: The date dissolution was authorized: 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 (voting group) 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) Typed or printed name 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. The Paver Place IN 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: Mailing address where 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.

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00