# P120000/0942

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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## FLORIDA DEPARTMENT OF STATE OF

February 25, 2014

RONALD SCARPA BAREFOOT BROTHERS CONSTRUCTION LLC 3201 CORRINE DR. #213 ORLANDO, FL 32803

SUBJECT: BAREFOOT WALLS INC.

Ref. Number: P12000010942

We have received your document and check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

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) 245-6050.

Darlene Connell Regulatory Specialist II

Letter Number: 514A00004213

### **COVER LETTER**

TO: Amendment Section

Amendment Section

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32314

Division of Corporations			
SUBJECT: Dissolution of Barefo	oot Walls I	nc.	_
DOCUMENT NUMBER: P12000010	942		<u> </u>
The enclosed Articles of Dissolution and fee are	e submitted for fi	ling.	
Please return all correspondence concerning this	matter to the following	lowing:	
Ronald Scarpa			
(Name of Co	ntact Person)		
Barefoot Brothers Construct	tion LLC		
(Firm/Co	ompany)		
3201 Corrine Drive. #213			
(Addr	ess)		
Orlando, FL 32803			
(City/State an	d Zip Code)		
For further information concerning this matter, p	olease call:		
Ronald Scarpa	at (863	287-1	
(Name of Contact Person)	(Area Code)	(Daytir	ne Telephone Number)
Enclosed is a check for the following amount:			
□ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	■ \$43.75 Filing F Certified Copy (Additional copenclosed)	( )	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:	<u>S'</u>	TREET A	ADDRESS:

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

## 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 Barefoot Walls Inc.	of State:						
SECOND:	The document number of the corporation (if known): P12000010942							
THIRD:	The date dissolution was authorized: 2/1/14							
	Effective date of dissolution if applicable: 2/1/14  (no more than 90 days after dissolution file date)							
FOURTH:	Adoption of Dissolution (CHECK ONE)							
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	st for dissolu	ıtion					
	☐ Dissolution was approved by the shareholders through voting groups.							
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	entitled						
	The number of votes cast for dissolution was sufficient for approval by:	FILE						
	(voting group)	M 10 08						
:	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)		•					
	Ronald Scarpa							
	(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: Bare foot Walls Inc.

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:

I am filing this dissolution as I am listed as the president/director/officer and a registered agent of this corporation. However,until recently I had no knowledge that this company even existed. I did not authorize the use of my name in association with the business. I want the company dissolved and do not want my name associated with it any longer.

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

Ronald Scarpa

3201 Corrine Drive #213

Orlando, FL 32803

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

Konald

signature of the Person Filing