

P10000007348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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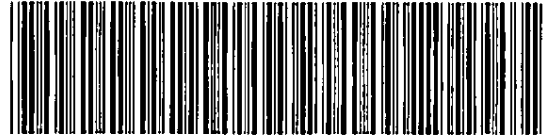
(Business Entity Name)

(Document Number)

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 04/14/23

NAME: CALL MECHANICAL, INC

TYPE OF FILING: DISSOLUTION

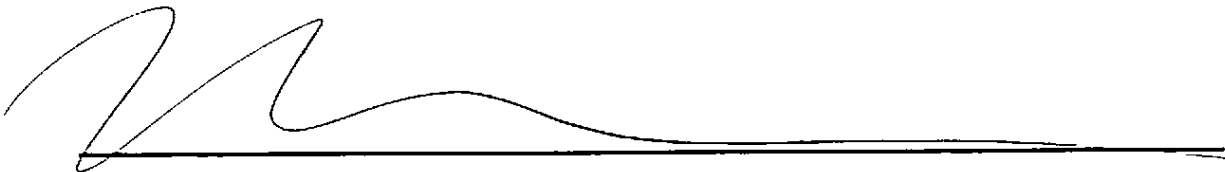
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2023-04-14 14:51:17



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of CALL MECHANICAL, INC.

DOCUMENT NUMBER: P10000007348

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

Please return all correspondence concerning this matter to the following:

M. Scott Thomas

(Name of Contact Person)

Burr & Foreman LLP

(Firm/Company)

50 North Laura Street, Suite 3000

(Address)

Jacksonville, Florida 32202

(City/State and Zip Code)

For further information concerning this matter, please call:

M. Scott Thomas

at (904-232-7233)
(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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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:

CALL MECHANICAL, INC.

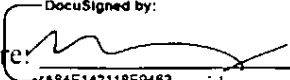
SECOND: The document number of the corporation (if known): P10000007348

THIRD: The date dissolution was authorized: April 13, 2023

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.

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)

Mark A. Lowery

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by CALL MECHANICAL, INC., a Florida corporation, for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, Florida Statutes.

Name of Corporation: CALL MECHANICAL, INC.

Document number of Corporation is: P10000007348

Date of dissolution will be the date that the Articles of Dissolution are filed with the Florida Department of State.

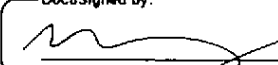
Description of information that must be included in a claim:

1. The name and address of the claimant.
2. The date the claim arose.
3. The nature of the claim.
4. The amount of claim.
5. Copies of any and all documents or instruments evidencing or memorializing claim.
6. The claimant(s)' United States social security number, federal identification number or appropriate taxpayer identification number.
7. Each claim must be submitted separately.

Mailing address where claims can be sent:

M. Scott Thomas
50 North Laura Street, Suite 3000
Jacksonville, FL 32202

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four years after the filing of this notice.

DocuSigned by:
By: 
Name: Mark A. Lowery
Title: President

2023-09-14 PM 5:17