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TO: Amendment Section **Division of Corporations** Leroy Smith, Inc. SUBJECT: **DOCUMENT NUMBER:** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Charles E. Garris (Name of Contact Person) Charles E. Garris P.A. (Firm/Company) 819 Beachland Boulevard (Address) Vero Beach, FL 32963 (City/State and Zip Code) For further information concerning this matter, please call: Chuck Garris at ((Area Code) (Daytime Telephone Number) (Name of Contact Person) 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 Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) Street Address: Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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:		
	Leroy Smith, Inc.	<u></u>	
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 7/24/2020		
	Effective date of dissolution if applicable: (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirem not be listed as the document's effective date on the Department of State's records.		date will
	Dissolution was approved by the shareholders, in the manner required by this the articles of incorporation.	chapte	r and
Sig	(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	20 ACS 12 ATTITE TO 24-	20
Els	that fiduciary) son R. Smith, Jr.		
	(Typed or printed name of person signing)		
Pro	(Title of person signing)		

Filing Fee: \$35