

DEC. 20. 2007 2:59PM  
Division of Corporations

TRENAM, KEMKER

NO. 6457

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264649

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : TRENAM KEMKER ST. PETE  
Account Number : I20060000029  
Phone : (727) 896-7171  
Fax Number : (727) 820-0835

12-31-07

DISSOLUTION OR WITHDRAWAL

WITTNER & CO.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED  
2007 DEC 20 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
07 DEC 20 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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12/21/07 Volum. Dis.

W/Notice

## ARTICLES OF DISSOLUTION

**FIRST:** The name of the corporation as currently filed with the Florida Department of State:

Wittner & Co.

SECOND: The document number of the corporation (if known): 264649

**THIRD:** The date dissolution was authorized: December 17, 2007

Effective date of dissolution if applicable: December 31, 2007

(no more than 90 days after dissolution of the fund)

**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)

**Jean Giles Wittner**

(Typed or printed name of person signing)

President

(Title of person signing)

**Filing Fee: \$35**

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TALLAHASSEE, FLORIDA

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### 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: Wittner & Co.

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:

See, attached Notice Requirements.

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

Jean Giles Wittner

1220 Park Street

St. Petersburg, FL 33710-434

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.

Jean Giles Wittner

Printed Name of the Person Filing

Jean Giles Wittner  
Signature of the Person Filing

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

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**NOTICE REQUIREMENTS**

1. Provide the name, mailing address, and telephone number of the claimant and the claimant's account number, if any.
2. Provide the legal theory upon which claimant seeks recovery, e.g., breach of contract, tort, etc.
3. State all relevant facts that support the claim.
4. If the claim involves personal injury or property damage:
  - (a) State the exact date of the incident that you believe caused the damage or injury. If the incident took place over more than one date, provide both the beginning and ending dates. If the incident is ongoing, provide the beginning date and the most recent date it occurred.
  - (b) Describe the specific damage or injury that you believe resulted from the incident.
  - (c) Explain the circumstances that led to the damage or injury.
  - (d) Provide the total dollar amount being claimed. If claimant believes the damages are continuing, or anticipated in the future, provide the basis for such belief.
  - (e) Explain why claimant believes the corporation is responsible for the damage or injury.
5. Provide true and complete copies of all relevant documents that form the basis of such claim, and if not available, provide an explanation. If the claim involves goods sold, services performed, money loaned or other commercial transaction, provide true and complete copies of any promissory note, purchase order, invoice, itemized statements of running accounts, court judgments, mortgages, security agreements, evidence of lien perfection, and other documents and instruments forming the basis of such claim.
6. Specify whether or not the claimant has made a claim against anyone else in connection with any matter related to the incident giving rise to this claim, and provide the names and addresses of all persons and insurance companies against whom claimant has made such claims.
7. Specify whether any of the claimed damages, losses, expenses or other amounts claims are covered by any policy of insurance? For each such policy, state the name and address of the insurance company, policy number, and benefits paid or payable.
8. State whether or not claimant received or agreed to receive any money from anyone for the damages claimed in the claimant's notice? If so provide complete details.

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