279573

(Requestor's Name)
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Effective Date 12/81/21

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COVER LETTER

TO: Amendment Section				
Division of Corporations				
SUBJECT: Platts Groves, Inc.			 -	
DOCUMENT NUMBER: 279573			_	
The enclosed Articles of Dissolution and	fee are submitted for filin	ng.		
Please return all correspondence concerning	ng this matter to the follo	wing:		
Bruce R. Abernethy, Jr., Esq.				
(Name of	Contact Person)	ra 	20:	
Bruce R. Abernethy, Jr. PA		50 E	21 DE	
(Fir	m/Company)		[C 29	ت دوهوه تواسات
130 S. Indian River Dr., #130		20 20		برسد. برسد نا د
(A)	Address)	1.,.	PH 12: 0	(_==
Fort Pierce, FL 34950		731	9	
(City/Sta	ate and Zip Code)	· · · · · · · · · · · · · · · · · · ·		
For further information concerning this ma	atter, please call:			
Bruce R. Abernethy, Jr.	at (at			
(Name of Contact Person)	(Area Code)	(Daytime Telephone N	lumbe	r)
Enclosed is a check for the following amou	int:			
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	☐ S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status Certified Copy (Additional copy is enclosed)		
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations			
P.O. Box 6327 Tallahassee, F1. 32314	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:				
	Platts Groves, Inc.				
SECOND:	The document number of the corporation (if known):				
THIRD:	The date dissolution was authorized:				
	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)				
	N. Parker Platts				
	(Typed or printed name of person signing)				
	Director and Vice President				
	(Title of person signing)				

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. Platts Groves, Inc. Name of Corporation: The above named corporation is the subject of dissolution and the effective date of a dissolution is: 12/31/2021 (date filed with the Dept. if date specified in the Articles of Dissolution) Description of information that must be included in a claim: Contact information of Claimant - Name, address, phone number and email address Nature of Claim Amount of Claim (if monetary) Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations) 11670 Twin Creek Dr. Fort Pierce, FL 34949 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. N. Parker Platts, Director and Vice President

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

Signature of the Person Filing

Printed Name of the Person Filing