

319353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

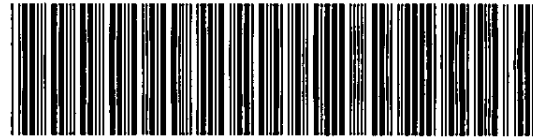
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 DEC 15 PM 3:45

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DEC 17 2014

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHERRILL APPRAISAL CO

DOCUMENT NUMBER: 319353

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

Please return all correspondence concerning this matter to the following:

RICHARD H. SHERRILL

(Name of Contact Person)

SHERRILL APPRAISAL CO

(Firm/Company)

410 E. GOVERNMENT ST

(Address)

PENSACOLA, FL. 32502-6132

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN R. SHORES, CPA at (850) 444-9979

(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: SHERRILL APPRAISAL 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:

CLAIMANTS NAME, DATE OF CLAIM, AMOUNT OF CLAIM,
DETAIL EXPLANATION OF SERVICES OR PRODUCTS
PROVIDED. SIGNED SHERRILL APPRAISAL CO.
AUTHORIZATION FOR THE PURCHASE.

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

P. O. BOX 1671
PENSACOLA, FL. 32591-1671

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.

RICHARD H. SHERRILL

Printed Name of the Person Filing



Signature of the Person Filing

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