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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A. Account Number : 076077001702

Phone (407)841-1200 Fax Number : (407) 423-1831

### DISSOLUTION OR WITHDRAWAL BARNES GROVES INC

Certificate of Status	0
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MAY 25 2016

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#### ARTICLES OF DISSOLUTION

OF

#### BARNES GROVES, INC.



Pursuant to the provisions of Sections 607.1402 and 607.1403 of the Florida Statutes, the undersigned Florida corporation hereby adopts the following Articles of Dissolution:

#### ARTICLE I - NAME OF CORPORATION

The name of the corporation is BARNES GROVES, INC. (hereinafter referred to as the "Corporation").

#### ARTICLE II - DATE DISSOLUTION AUTHORIZED

The dissolution of the Corporation was authorized on May

#### ARTICLE III - APPROVAL OF DISSOLUTION

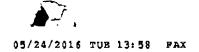
The dissolution was approved by all of the shareholders of the Corporation by written consent dated May 6, 2016, pursuant to Section 607.0704 of the Florida Statutes, and the number of votes cast for dissolution was sufficient for approval.

#### **ARTICLE IV - EFFECTIVE DATE OF DISSOLUTION**

The Corporation shall be dissolved effective upon the filing of these Articles of Dissolution.

Dated this 6th day of Man

BARNES GROVES, INC., a Florida corporation



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# Filing Fee: \$35 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: BARNES GROVES, INC.	
Date of dissolution will be the date the dissolution is filed specified in the Articles of Dissolution.	with the Department of State or as
Description of Information that must be included in a claim	a: ·
Name of claimant	,
Address of claimant	
Amount of claim	
Basis of claim (attach copy)	
Mailing address where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
P.O. Box 846	
Vero Beach, Florida 32961	
A claim against the above named corporation will be barrowithin 4 years after the filing of this notice.	ed unless a proceeding to enforce the claim is commenced
Thomas M. Barnes, Jr.	Thom M. Barrer Signature of the Person Filing
Printed Name of the Person Piling	Signature of the Person Pilin

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