

434140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

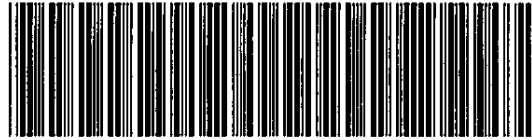
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHIA

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Master of Laws in Taxation

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(386) 257-1833

December 1, 2006

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Corbett Management, Inc.

Dear Sir or Madam:

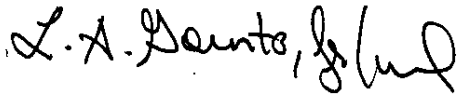
Enclosed are an original and one copy of the Articles of Dissolution of Corbett Management, Inc. and a Notice of Corporate Dissolution.

I would appreciate your filing these documents upon receipt and forwarding one certified copy of the Articles of Amendment to me by U.S. Mail on the date of filing.

I have enclosed a check in the amount of \$43.75 for all costs, including filing fees.

Thank you for your assistance in this matter.

With kindest regards,



L. A. Gornto, Jr.
LAG/ml
Enclosures

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:

Corbett Management, Inc.

SECOND: The document number of the corporation (if known): 434140

THIRD: The date dissolution was authorized: September 27, 2006

Effective date of dissolution if applicable: December 31, 2006

(no more than 90 days after dissolution file date)

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)

Patrick E. Corbett

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA

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: Corbett Management, Inc.

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:

Name of Claimant

Address of Claimant

Description or nature of claim

Amount of claim

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

Post Office Box 2556

Daytona Beach, FL 32115-2556

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

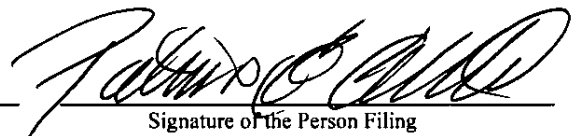
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A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Patrick E. Corbett, President

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