

447214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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AND  
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13 AUG 30 AM 10:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 12 2013  
T. LEMEDY

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:

**Rostel Construction, Inc.**

SECOND: The document number of the corporation (if known): **447214**

THIRD: The date dissolution was authorized: **August 22, 2013**

Effective date of dissolution if applicable: **August 22, 2013**  
(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.

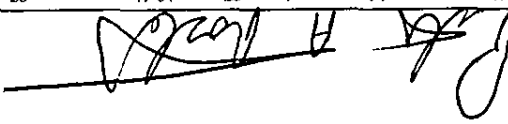
☐ Dissolution was approved by the shareholders through voting groups.

*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)

**Peter A. Rostel**

(Typed or printed name of person signing)

**President**

(Title of person signing)

Filing Fee: \$35

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rostel Construction, Inc.

**DOCUMENT NUMBER:** 447214

The enclosed **Articles of Dissolution** and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

**Peter A. Rostel**

(Name of Contact Person)

(Firm/Company)

**22250 Hayman Road**

(Address)

**Brooksville, FL 34602**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Peter Rostel**

at ( ) **727**

**919-9970**

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,  
Certificate of Status & Certified Copy (Additional copy is enclosed)  
Certificate of Status & Certified Copy (Additional copy is enclosed)  
enlosed)

**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