

459609

(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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07/27/10--01019--002 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG 10 AM 8:59

Art Diss.
w/notice
@ 8/12/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: T.E. Wells & Co

DOCUMENT NUMBER: 459609

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

Please return all correspondence concerning this matter to the following:

Thomas E. Wells IV

(Name of Contact Person)

First American Bank

(Firm/Company)

1650 Louis Ave

(Address)

FLK GROVE VILLAGE, FL 60007

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas E. Wells IV

(Name of Contact Person)

at (847) 286-2586

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2010

THOMAS E. WELLS IV
FIRST AMERICAN BANK
1650 LOUIS AVE
ELK GROVE VILLAGE, IL 60007

SUBJECT: T.E. WELLS & CO.
Ref. Number: 459609

We have received your document for T.E. WELLS & CO. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the date the dissolution was authorized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 710A00018147

RECEIVED

2010 AUG 10 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

T. E. Wells & Co

SECOND: The document number of the corporation (if known): 459609

THIRD: The date dissolution was authorized: May 28 2010

Effective date of dissolution if applicable: May 28 2010
(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)

Thomas E. Wells Jr

(Typed or printed name of person signing)

V.P. & Director

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 AUG 10 AM 8:59

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: T. E. WELLS & 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:

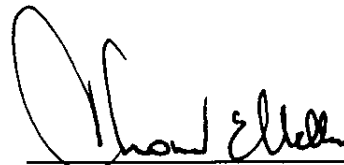
INVOICE DESCRIBING DATE & NATURE OF SERVICE OR GOODS

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

THOMAS E. WELLS IV
1650 LOUIS AVE
ELK GROVE VILLAGE, IL 60007

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.

THOMAS E. WELLS IV
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