

484607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

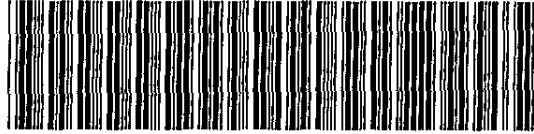
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400048809574

03/23/05 --01010--011 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 22 PM 4:58

Volun. Diss.
03/30/05
DC

SWINDELL, BOHN, DURDEN & PHILLIPS

CERTIFIED PUBLIC ACCOUNTANTS

3560 SOUTH THIRD STREET

JACKSONVILLE BEACH, FLORIDA 32250

JAMES R. SWINDELL, C. P. A., P. A.

CINDY B. BOHN, C. P. A., P. A.

DONALD H. DURDEN, C. P. A. (1941-1999)

STEPHEN L. PHILLIPS, C. P. A., P. A.

TELEPHONE (904) 241-8176

FAX (904) 247-9918

WEBSITE WWW.SBDPCPA.COM

MAILING ADDRESS:

POST OFFICE BOX 51351

JACKSONVILLE BEACH, FLORIDA 32240-1351

3/13/2005

VIA CERTIFIED MAIL

RETURN RECEIPT 7002 2410 0007 0677 4926

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Subject: C E Stoudemire, Inc.
Document # 484607

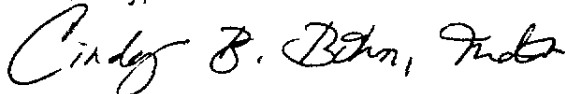
Dear Customer Service Representative:

On behalf of our client, C E Stoudemire, Inc., enclosed please find the following:

Form: Articles of Dissolution
Check #1149 for \$35.00

Thanks in advance for your assistance and please advise if additional information is needed.

Sincerely,



Cindy B. Bohn, C.P.A.

CBB:mdm

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C E Stoudemire Inc.

DOCUMENT NUMBER: 484607

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

Please return all correspondence concerning this matter to the following:

Cindy B. Bohn, CPA

(Name of Person)

Swindell, Bohn, Durden & Phillips

(Name of Firm/Company)

3560 South Third Street

(Address)

Jacksonville Beach, Florida 32250

(City/State/and Zip Code)

For further information concerning this matter, please call:

Cindy B Bohn

(Name of Person)

at (904)

241-8176

(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, Florida 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Via Certified Mail #7002 2410 0007 0677 4926

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:
C.E.Stoudemire, Inc.

SECOND: The document number of the corporation (if known): 484607

THIRD: The date dissolution was authorized: 09/30/03

Effective date of dissolution if applicable: 09/30/03
(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.

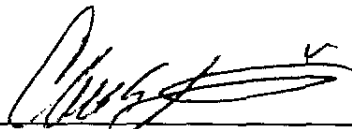
☐ Dissolution was approved by of the shareholders through voting groups.

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)

Signed this 11 day of March, 2005.

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)

Carl E Stoudemire, III

(Typed or printed name of person signing)

Vice President

(Title of person signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 MAR 22 PM 4:58