

557625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies

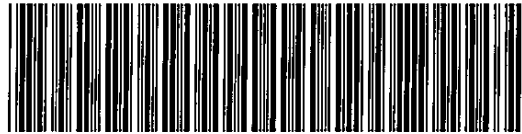
Certificates of Status

Special Instructions to Filing Officer:

Called 6/22/07, the owner died in 2005, affairs of the corporation were not wound up until 4/07.

Tlewis

Office Use Only



100102966541

*void w/notice
Tlewis*

05/25/07--01042--014 *52.50

FILED
2007 JUN 21 AM 10:47
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF KINGFISHER FINANCE, INC.

DOCUMENT NUMBER: 557625

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

Please return all correspondence concerning this matter to the following:

CAROLANN DAMSKY

(Name of Contact Person)

KINGFISHER FINANCE, INC.

(Firm/Company)

PO BOX 6167

(Address)

STUART, FLORIDA 34997

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLANN DAMSKY

(Name of Contact Person)

at (772) 288-1470

(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

June 5, 2007

CAROLANN DAMSKY
KINGFISHER FINANCE, INC.
P. O. BOX 6167
STUART, FL 34997

SUBJECT: KINGFISHER FINANCE, INC.
Ref. Number: 557625

We have received your document and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DATE THE DISSOLUTION WAS AUTHORIZED SHOULD ONLY BE ONE DATE. PLEASE CORRECT YOUR DOCUMENT ACCORDINGLY.

Fixed

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) 245-6906.

Darlene Connell
Document Specialist

Letter Number: 407A00038334

RECEIVED
07 JUN 21 AM 8:00
DIVISION OF CORPORATIONS

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FILED
2009 JUN 21 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State
KINGFISHER FINANCE, INC.

SECOND: The document number of the corporation (if known): 557625

THIRD: The date dissolution was authorized: ~~ON 12/29/2007 BY 10/18/2008~~ 01/25/2005
Effective date of dissolution if applicable: APRIL 23, 2007
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

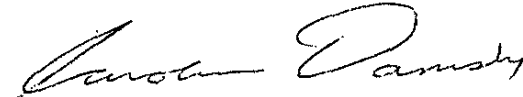
Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

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)

CAROLANN DAMSKY
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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: KINGFISHER FINANCE, 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:

All information necessary to establish a verifiable claim.

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

KINGFISHER FINANCE, INC.

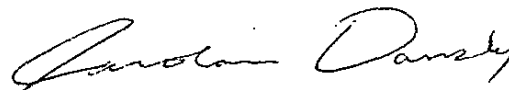
PO BOX 6167

STUART, FLORIDA 34997

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.

CAROLANN DAMSKY

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