617100

(Re	questor's Name)	
(Ad	dress)	
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(~0	uiess <i>)</i>	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
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(DC	cument Number)	
Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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JUN 8 2020



JUN 24 2020 S. YOUNG

COVER LETTER

Division of Corporations			
SUBJECT:L & W HAWKINS, INC.			
DOCUMENT NUMBER: 617100			
The enclosed Articles of Dissolution and for	ee are submitted for filing	, ,	
Please return all correspondence concerning	g this matter to the follow	ing:	
SUSAN J GEIGER			
(Name of Contact Person)			
SEMINOLE ACCOUNTANTS INC			
(Firm/Company)			
9996 SEMINOLE BLVD			
(A	ddress)		
SEMINOLE, FL 33772			
(City/Sta	te and Zip Code)	 	
For further information concerning this mat	tter, please call:		
SUSAN J GEIGER	at (
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following amou	int:		
■ \$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		t Address:	
Division of Corporations	Amendment Section Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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:			
	L & W HAWKINS, INC.			
SECOND:	The document number of the corporation (if known):			
THIRD:	The date dissolution was authorized:			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file Note: If the date inserted in this block does not meet the applicable statutory filing requirement not be listed as the document's effective date on the Department of State's records.		ate will	
FOURTH:	Dissolution was approved by the shareholders, in the manner required by this chathe articles of incorporation.	apter	and	
	Signature: (By a director, president or other direct - 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) WILLIAM P HAWKINS (Typed or printed name of person signing)	2020 JUN -8 AH 6: 42	Tangat T	
	(Typed or printed name of person signing)			
	PRESIDENT			
	(Title of purson 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:
The above named corporation is the subject of dissolution and the effective date of a dissolution is:
03/31/2020
(date filed with the Dept. if date specified in the Articles of Dissolution)
Description of information that must be included in a claim:
NATURE OF CLAIM
DATE OF SERVICE
AMOUNT OF CLAIM
Mailing address where written claims can be sent: (Claims cannot be sent to the Division of Corporations)
5642 HARDING BLVD NE
ST PETERSBURG, FL 33703
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.
WILLIAM P HAWKINS MILLIAM I HOWKEN
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