

FL 1397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

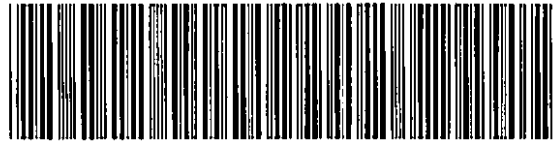
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2020 MAY -8 AM 10:07  
SECRETARY OF STA  
TALAHASSEE, FL 323

am  
5/29/20

*REISCHMANN & REISCHMANN, P.A.*

ATTORNEYS AT LAW

1101 PASADENA AVENUE SOUTH, SUITE 1  
SOUTH PASADENA, FLORIDA 33707

WILLIAM E. REISCHMANN, SR.  
1928-2018

TELEPHONE: (727) 345-0085  
FACSIMILE: (727) 344-3660

CHARLES F. REISCHMANN  
Licensed in Florida as a  
Certified Public Accountant

May 5, 2020

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

RE: LLOYD'S ALUMINUM & WINDOW SERVICE, INC.

Dear Sir or Madam:

Enclosed are the following documents to formally dissolve the above entity:

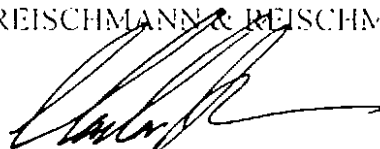
1. Cover letter;
2. Articles of Dissolution;
3. Copy of Minutes of Special Meeting of Stockholders and Directors;
4. Copy of Waiver of Notice of Special Meeting of Shareholders and Directors;

together with a check in the amount of \$43.75 to facilitate this action.

Thank you for your assistance. Please let us know if there is anything further required from our office or the sole owner and director of this corporation.

Very truly yours,

REISCHMANN & REISCHMANN, P.A.



Charles F. Reischmann

CFR/dle

Enclosures

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LLOYD'S ALUMINUM & WINDOW SERVICE, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** G05171700200  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

CHARLES F. REISCHMANN, ESQ.  
\_\_\_\_\_

(Name of Contact Person)

REISCHMANN & REISCHMANN, PA  
\_\_\_\_\_

(Firm/Company)

1101 PASADENA AVE S, SUITE 1  
\_\_\_\_\_

(Address)

SOUTH PASADENA, FL 33707  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

CHARLES F. REISCHMANN  
\_\_\_\_\_

(Name of Contact Person)

727-345-0085

at (

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input checked="" type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>enclosed) |
|--|---|---|--|

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED

2020 MAY -8 AM 10: 07

ARTICLES OF DISSOLUTION SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:  
LLOYD'S ALUMINUM & WINDOW SERVICE, INC.

SECOND: The document number of the corporation (if known): G05171700200

THIRD: The date dissolution was authorized: APRIL 30, 2020

Effective date of dissolution if applicable: APRIL 30, 2020  
(no more than 90 days after dissolution file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

Signature: \_\_\_\_\_

*Debra P Davis*  
(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)

DEBRA P. DAVIS

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT, DIRECTOR

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35