

12/23/22, 3:57 PM

Division of Corporations

F64388

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : FOLEY & LARDNER
Account Number : I1998000047
Phone : (407)423-7656
Fax Number : (407)648-1743

DISSOLUTION OR WITHDRAWAL SHIMBERG-CROSS COMPANY

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

2022 DEC 27 AM 9:06

2022 DEC 27 PM 2:28

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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:

SHIMBERG-CROSS COMPANY

SECOND: The document number of the corporation (if known): F64388


THIRD: The date dissolution was authorized: 12/23/2022

Effective date of dissolution if applicable: 12/30/2022

(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: 

(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)

SCOTT SHIMBERG

(Typed or printed name of person signing)

DIRECTOR

(Title of person signing)

Filing Fee: \$35

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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: SHIMBERG-CROSS COMPANY

The above named corporation is the subject of dissolution and the effective date of a dissolution is: _____

(date filed with the Dept. if date specified in the Articles of Dissolution)

Description of information that must be included in a claim:

1. NAME, ADDRESS, AND CONTACT INFORMATION OF CLAIMANT.
2. WRITTEN DESCRIPTION OF THE CLAIM (INCLUDING, BUT NOT LIMITED TO, AMOUNT AND DUE DATE).
3. RELEVANT DOCUMENTATION OF THE CLAIM, IF ANY.

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

SCOTT SHIMBERG

611 W BAY STREET

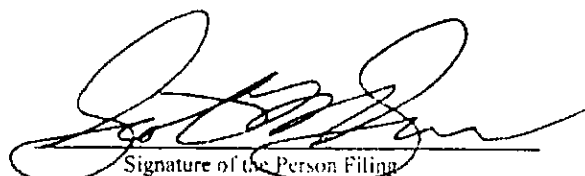
TAMPA, FLORIDA 33606

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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.

SCOTT SHIMBERG

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

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