

G 86565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

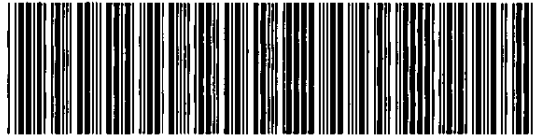
(Business Entity Name)

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Certified Copies _____ : Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 24 2009

EXAMINER

THE SCHOFNER LAW FIRM

THEODORE R. SCHOFNER, P.A.

Ted Schofner, Esq.
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The Schofner Law Firm
is a law firm dedicated
to helping the elderly,
persons with disabilities,
and their caregivers.

Nursing Home / ALF Injury
and Abuse

Catastrophic Injuries

Trust and asset protection
for persons with special needs:
• Special Needs Trusts

Nursing home, Medicaid and
long-term care planning:
• Medicaid Annuities
• Medicaid Life Insurance
• Medicaid Income
Producing Properties*
• Long Term Care Insurance

Guardianship law and
incapacity planning

Probate and estate/
trust administration

Estate planning including
wills and trusts:
• Probate and
Trust Litigation

General advice on aging issues

Real Estate Transactions*

Supreme Court Certified
Circuit/County Mediator/
Arbitrator with an emphasis
on Elder Law, Nursing
Home Injury and Abuse,
Probate, Trust Litigation
and Fiduciary, Fraud,
Trust and Abuse Issues

Via Certified Mail: Return Receipt Requested

June 17, 2009

Department of State
Division of Corporations
Corporate Filings
PO Box 6327
Tallahassee, Florida 32314

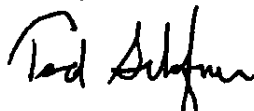
Re: Sherry Baird, Inc.
Document Number: G86565
FEI/EIN Number: 592370158
Date Filed: 02/28/1984
State: FL
Status: Active

Dear Sir or Madame:

Please find our Cover Letter and Articles of Dissolution for Sherry
Baird, Inc. We also enclose our check in the amount of \$35.00 payable to the
Florida Department of State.

Please do not hesitate to contact me you have any questions or
concerns or require additional information.

Sincerely,



Theodore R. Schofner

TRS:mhs
enc.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of Sherry Baird, Inc.

DOCUMENT NUMBER: 686565

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

Please return all correspondence concerning this matter to the following:

Theodore R. Schofner, Esq.

The Schofner Law Firm (Name of Contact Person)

2117 Indian Rocks Road

(Firm/Company)

Largo, Florida 33774

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

Theodore Schofner, Esq.

(Name of Contact Person)

at (727) 588-0290

(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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

Sherry Baird, Inc.

SECOND: The document number of the corporation (if known): G86565

THIRD: The file date of the articles of incorporation: 05/08/1986

FOURTH: (CHECK AT LEAST ONE BOX)

☒ None of the corporation's shares have been issued.

☐ The corporation has not commenced business.

FIFTH: No debt of the corporation remains unpaid.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Sheryl E. Baird

(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.)

Sheryl E. Baird

(Typed or printed name of person signing)

Director

(Title of Person Signing)

Filing Fee: \$35