

H20776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

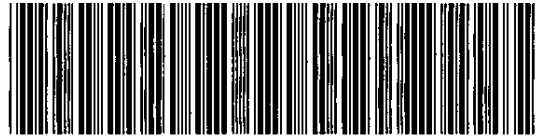
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 MAY -4 PM 3:49

T. Roberts MAY 08 2009

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Outcalt & Associates, Inc.

DOCUMENT NUMBER: H20776

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

Please return all correspondence concerning this matter to the following:

Bruce E. Hoffman

(Name of Contact Person)

Law Offices

(Firm/Company)

16 S. Main St.

(Address)

Gainesville, FL 32601

(City/State and Zip Code)

For further information concerning this matter, please call:

Bruce Hoffman

(Name of Contact Person)

at (352) 378-2411

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAY -4 PM 3: 49

**ARTICLES OF DISSOLUTION**

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

FIRST: The name of the corporation as currently filed with the Florida Department of State:

Outcalt & Associates, Inc.

SECOND: The document number of the corporation : H20776

THIRD: The date dissolution was authorized: April 23, 2009

Effective date of dissolution if applicable: April 24, 2009

FOURTH: Adoption of Dissolution (Check One)

(X) 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.

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

Mark Willaman  
President

### **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.

Name of Corporation: Outcalt & Associates, 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:

1. Basis of claim
2. Date claim originated
3. Person authorizing claim
4. Name, address, and phone number of claimant

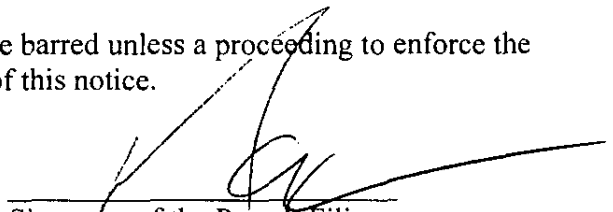
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Fisher Vista, LLC  
PO Box 10  
Capitola, CA 95010

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.

Mark Willaman

Printed Name of the Person Filing

  
\_\_\_\_\_  
Signature of the Person Filing