

# A37738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

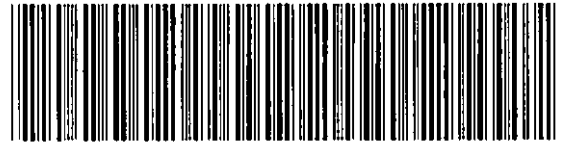
(Document Number)

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

Special Instructions to Filing Officer:

J. HORNE  
DEC 19 2024

Office Use Only



500438441385

FILED  
2024 DEC 17 PM 12:43



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2024 DEC 18 PM 2:54

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

December 16, 2024

CAPITAL CONNECTION

SUBJECT: CAHILL, INC.  
Ref. Number: H37738

We have received your document for CAHILL, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date the dissolution was authorized cannot be after the document was received. The date the dissolution was received was 12/13/24.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 424A00027199


**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

CAHILL, INC.

Please Debit FCA000000003 For: 35

Thank you Seth Neeley



Signature

Requested by:

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_

FILED  
2024 DEC 17 PM 12:43  
FLORIDA

**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:  
CAHILL, INC.

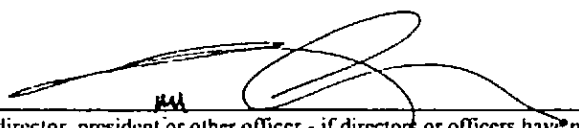
SECOND: The document number of the corporation (if known): H37738

THIRD: The date dissolution was authorized: 12/9/2024

Effective date of dissolution if applicable: 12/31/2024  
(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)

G. SCOTT CAHILL  
(Typed or printed name of person signing)

PRESIDENT  
(Title of person 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: CAHILL, INC.

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

DECEMBER 31, 2024

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

Description of information that must be included in a claim:

THE AMOUNT OF THE CLAIM; THE NAME, ADDRESS AND PHONE NUMBER OF THE CLAIMANT;

THE NATURE OF THE CLAIM (INCLUDES ANY SERVICES OR PRODUCTS PROVIDED TO CORPORATION;

AND THE DATE THE AMOUNT OF THE CLAIM BECAME FIXED.

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

SCOTT CAHILL

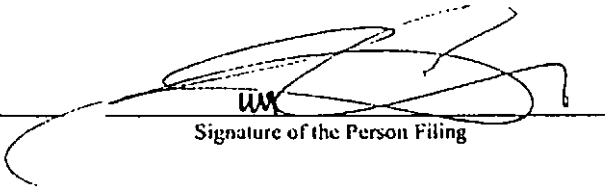
801 N. ORANGE AVENUE, SUITE 820

ORLANDO, FLORIDA 632801

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.

G. SCOTT CAHILL

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**