

H93262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

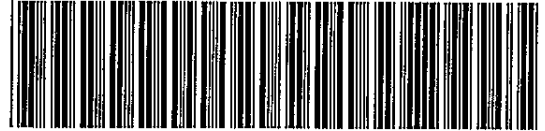
(Business Entity Name)

(Document Number)

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

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*validis  
T. Lee's*

02/07/06--01071--004 \*\*35.00

FILED

06 FEB -7 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FL 32307

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


Gentlemen:

Per your instructions enclosed are the  
Articles of Dissolution for the following  
entity:

STACY S CULLEN INC  
4259 ISLAND CIRCLE APT C  
FT MYERS FL 33919  
239-482-7731

Also enclosed is a check in the amount of  
\$35.00 for the fee to file the aforesaid  
articles.

Very truly yours,

  
STACY S. CULLEN  
STACY S. CULLEN, INC.  
PRESIDENT

## ARTICLES OF DISSOLUTION

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The name of the corporation is: STACY S CULLEN, INC.

SECOND: The date dissolution was authorized: 12-31-05

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

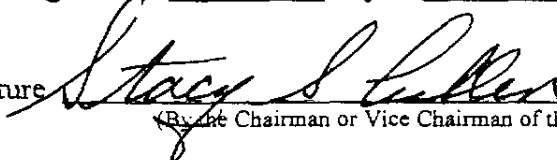
*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by

\_\_\_\_\_  
(voting group)

Signed this \_\_\_\_\_ day of \_\_\_\_\_

Signature



(By the Chairman or Vice Chairman of the Board, President, or other officer)

STACY S. CULLEN

\_\_\_\_\_  
(Typed or printed name)

PRESIDENT

\_\_\_\_\_  
(Title)