TROPH

(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:

Office Use Only



11/09/22--01020--005 **-5.0

STATE TO MANAGED STATE

naitulosoi O (suitsant)

> FEB 0 3 **2023** D **CUSHING**

COVER LETTER

Division of Corporations			
SUBJECT: ROBERT E. BUCKMASTER	 -		
DOCUMENT NUMBER: P01503994	407077		
The enclosed Articles of Dissolution an	d fee are submitted for filing	7 .	
Please return all correspondence concerr	ning this matter to the follow	ing:	
ROBERT E. BUCKMASTER			
(Name	of Contact Person)		
ROBERT E. BUCKMASTER PA			
(F	Firm/Company)		
55730 HOLIDAY CIRCLE			
·	(Address)		
ASTOR, FL 32102		2022 NOV -9 SECHETAR TALLETAR	
(City/	State and Zip Code)	VOV.	
For further information concerning this i	matter, please call:	25年 25日 平	
ROBERT E. BUCKMASTER	at (<u>406-250-3708</u>	-	
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	
Enclosed is a check for the following an	nount:		
□\$35 Filing Fee □ \$43.75 Filing Fee Certificate of Status	-	☐ \$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)	
Mailing Address:	Stree	Street Address:	

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

TO: Amendment Section

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: ROBERT E. BUCKMASTER		
SECOND:	The document number of the corporation (if known):		
THIRD:	The date dissolution was authorized: 10/14/2-22		
	Effective date of dissolution if applicable: 12-31/2021 10/14/2-22 (no more than 90 days after dissolution file date)		
	<u>Note:</u> 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.		
	2027 SE		
	SECRETARY -9		
	OP PH		
S	(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)		
-	ROBERT E. BUCKMASTER		
	(Typed or printed name of person signing)		
	PRESIDENT		
	(Title of person signing)		

Filing Fee: \$35