## K46473

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Ducinean Fatiti Name)                  |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer  |
| Special Instructions to Filing Officer: |
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## TRANSMITTAL LETTER

TO: Amendment Section **Division of Corporations** 

| SUBJECT: Disolution of Antzaklis & Sons Inc  |   |  |  |  |
|--|---|--|--|--|
| DOCUMENT NUMBER: K46473  |   |  |  |  |
| The enclosed Articles of Dissolution and fee are submitted for filing.                               |   |  |  |  |
| Please return all correspondence concerning  | g this matter to the following:   |  |  |  |
| (Name of   | Person)   |  |  |  |
| Antzaklis & Sons Inc   |   |  |  |  |
|  | Firm/Company)   |  |  |  |
| 1572 LeBaron Avenue  |   |  |  |  |
|  | (Address)   |  |  |  |
| Jacksonville Fl 32207  |   |  |  |  |
| (City/s  | State/and Zip Code)   |  |  |  |
| For further information concerning this ma   | tter, please call:  |  |  |  |
| HNN FINTZHELIS (Name of Person)  | at ( 904 ) 393-9015   |  |  |  |
|  |   |  |  |  |
| Enclosed is a check for the following amou   | int:  |  |  |  |
| ■ \$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, Florida 32314 | STREET ADDRESS: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399  |  |  |  |

Tallahassee, Florida 32399

## 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   | I with the Department of State:   |                            |
|---------|--|---|----------------------------|
|         | Antzaklis & Sons,Inc.  |   |                            |
| SECOND: | The document number of the corporation (if l   | known): K46473  | 0                          |
| THIRD:  | The date dissolution was authorized: 05-01-20  | 003   |                            |
|         | Effective date of dissolution if applicable: 05  | -01-2003 no more than 90 days after dissolution file date                             | <u>ယ</u><br>)              |
| FOURTH: | Adoption of Dissolution (CHECK ONE)  | CF ST   |                            |
|         | Adoption of Dissolution (CHECK ONE)  Dissolution was approved by the sharehol was sufficient for approval.                   | Iders. The number of votes exist for  | ∾<br><del>aß</del> solutio |
|         | ☐ Dissolution was approved by of the share   | holders through voting groups.  |                            |
|         | The following statement must be separate vote separately on the plan to dissolve:  | ly provided for each voting group   | entitled to                |
|         | The number of votes cast for dissolution v   | was sufficient for approval by  |                            |
|         |  |   |                            |
|         | (voting gro  | oup)  | * 1                        |
|         | Signed this 5th day of February  | , 2004  |                            |
|         | _  |   |                            |
| Signatu | re: A. A. A.   |   |                            |
|         | (By a director, president or other officer - if directors or o if in the hands of a receiver, trustee, or other court appoin | ifficers have not been selected, by an incorpo-<br>nted fiduciary, by that fiduciary) | rator –                    |
|         | TNN HNTZHK  (Typed or printed name of per  | -215  |                            |
|         | (Typed or printed name of per  | son signing)  |                            |
|         | 5/+ (Title of person signing   |   |                            |
|         | (Title of person signing   | g)  |                            |

Filing Fee: \$35