

L07000084565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

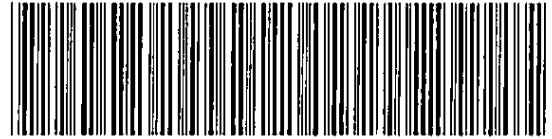
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2019 DEC 18 A 4:42
STATE OF FLORIDA
TALLAHASSEE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 105480 7918422

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : December 17, 2019

ORDER TIME : 9:16 AM

ORDER NO. : 105480-005

CUSTOMER NO: 7918422

DOMESTIC FILINGS

NAME: AMERIMIX REALTY HOLDINGS, LLC

XX ARTICLES OF DISSOLUTION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER'S INITIALS: _____

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:

Amerimix Realty Holdings, LLC

SECOND: The document number of the corporation (if known): L07000084565

THIRD: The date dissolution was authorized: 12/01/2019

Effective date of dissolution if applicable: 12/31/2019

(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: 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 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)

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)

Gary P. Hickman

(Typed or printed name of person signing)

Manager

(Title of person signing)

FILED
2019 DEC 18 A 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA