

L22315

(Requestor's Name)

Swann & Hadley, P.A.

Attorneys and Counselors at Law

P.O. BOX 1961
WINTER PARK, FLORIDA 32790-1961

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

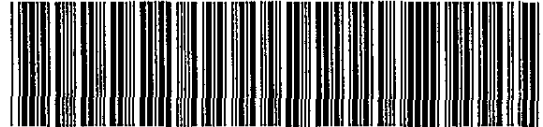
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STATE
TALLAHASSEE, FLORIDA

NOTICE OF DIS
MD 7/29

Swann & Hadley, P.A.
Attorneys and Counselors at Law

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July 26, 2004

VIA US MAIL

Maryanne Dickey
Document Specialist
Florida Department of State
PO Box 6327
Tallahassee, Florida 32314

**RE: Red Top Taxi of Orlando, Inc.
Mears Special Services, Inc.
Reference No. J92152 and L22315**

Dear Ms. Dickey:

Enclosed are copies of your July 21, 2004 letters regarding the Notice of Corporate Dissolution for Unknown Claims filling out the address where claims can be sent.

Please have these filed with your office and if you have any further questions, please do not hesitate to give us a call.

Sincerely,



Karen M. Brown

KMB:nb

Enclosures

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

July 21, 2004

KAREN M. BROWN
SWANN & HADLEY, P.A.
P.O. BOX 1961
WINTER PARK, FL 32790

SUBJECT: MEARS SPECIAL SERVICES, INC.
Ref. Number: L22315

We have received your document for MEARS SPECIAL SERVICES, INC. .
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

Your document is being returned as requested.

If you have any questions concerning this matter, please either respond in writing
or call (850) 245-6882.

Maryanne Dickey
Document Specialist

Letter Number: 004A00046149

Notice of Corporate Dissolution for Unknown Claims

This notice is submitted by the dissolved corporation named below for resolution of payment of known 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 the Corporation: Mears Special Services, Inc

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Incorporation*. (Articles of Dissolution filed January 21, 2004)

Description of information that must be included in a claim:

- 1) Amount of claim, date work performed on material supply and nature of claim:

- 2) Address, phone and facsimile number of claimant:

- 3) Is the claim secured or unsecured? If the claim is secured, then list the security:

- 4) List the basis of the claim:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Mears Special Services, Inc.

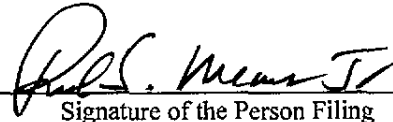
324 West Gore Street

Orlando, Florida 32806

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.

Paul S. Mears, Jr.

Printed Name of the Person Filing


Signature of the Person Filing

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