P00000022196

(Requestor's Name)				
(Ade	dress)			
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Do	cument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to	Filing Officer:			
<u> </u>				

Office Use Only



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(PM)

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: CORPORATE D	DISSOLUTION	
DOCUMENT NUMBER: P00000	0022196	_
The enclosed Articles of Dissolution and	I fee are submitted for filing.	
Please return all correspondence concerning	ing this matter to the following:	
ROYCE SCOFIELD		an de la companya de
·	of Contact Person)	舌 们
ROYCE SCOFIELD, LI	LC 💹	i pagasin
·	rm/Company)	
3631 N. HIGHWAY 23	1 50	125
(A	Address)	- 5 5
PANAMA CITY, FL. 32	2404	
(City/St	tate and Zip Code)	_
For further information concerning this ma	natter, please call:	
ROYCE SCOFIELD	at (850) 481-0358	
(Name of Contact Person)	(Area Code & Daytime Telephone Nu	ımber)
Enclosed is a check for the following amo	ount:	
■ \$35 Filing Fee ■ \$43.75 Filing Fee & Certificate of Status	Q Q Q Q	&
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle	e

Tallahassee, FL 32301

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: GULF COAST FINANCIAL SERVICES OF PANAMA CITY, INC.					
SECOND:	The document number of the corporation (if known): P00000022196					
ΓHIRD:	The date dissolution was authorized: 10/29/2014					
	Effective date of dissolution <u>if applicable</u> : 10/29/2014 (no more than 90 days after dissolution file date)					
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) PI 12: 45 ORIDA					
	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)					
	CATHY WILLIAMS					
	(Typed or printed name of person signing)					
	PRESIDENT					
	(Title of person signing)					

Filing Fee: \$35

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown 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 Corpo	ration: GULF COAST FINANCIAL SEI	RVICES OF PANAMA CITY, INC.	_
	ion will be the date the dissolution is filed Articles of Dissolution.	with the Department of State or as	
Description of i	nformation that must be included in a clain	n:	
Mailing address	where claims can be sent: (Claims cannot	be sent to the Division of Corporations)
	ROYCE SCOFIELD, LLC)	٠ ۶., <u>ــ</u> ـــ
	3631 N. HIGHWAY 231		
	PANAMA CITY, FL. 3240)4	21. 2 1 2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2
			Te B M
	the above named corporation will be barre fter the filing of this notice.	d unless a proceeding to enforce the cla	im is commenced
		_	
ROYCE	SCOFIELD	Loyu Seofie.	d
	Printed Name of the Person Filing	Signature of the Person F	liling

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00