P00000042324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _______ Certificates of Status _______

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations
P.O. BOX 6327
TALLAHASSEE, FL 32314

SUBJECT: DISSOLUTION OF CORPORATION

DOCUMENT NUMBER: P00000042324

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVA WERKMEISTER
(Name of Person)

WERKMEISTER NURSERY, INC.
(Name of Firm/Company)

16319 EAST TIMLICO DR.
(Address)

LOXAHATCHEE, FL 33470
(City/State/and Zip Code)

For further information concerning this matter, please call:

EVA WERKMEISTER at (954) 410-9245
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ $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

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 Department of State:

WEBKMEISTER NURSERY, INC.

SECOND: The document number of the corporation (if known): P00000042324

THIRD: The date dissolution was authorized: OCTOBER 1, 2003

Effective date of dissolution if applicable: _____
(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 of 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)

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TALLAHASSEE, FLORIDA

X Signed this 16 day of January, 2004

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)

EVA WERKMEISTER
(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. 607.1401, F.S.

This "***Notice of Corporate Dissolution***" is optional and is not required when filing a voluntary dissolution.

Name of Corporation: WERKMEISTER NURSERY, INC.

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the ***Articles of Dissolution***.

Description of information that must be included in a claim:

N/A

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

EVA WERKMEISTER
16319 EAST TIMLICO DR.
LOXAHATCHEE, FL 33328

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.

EVA WERKMEISTER
Printed Name of the Person Filing

X
Signature of the Person Filing

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