## P00000074938

(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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SECRETARY OF STATE

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FEB 23 2010

## **COVER LETTER**

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TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION OF	LORRAINE FARM SUPPLY, INC.	
DOCUMENT NUMBER: POOOC	00074938	
The enclosed Articles of Dissolution and fe	ee are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
	REILLY JR Contact Person)	
`	,	
LORRAINE FAR	n/Company)	
9226 NW HO	uy 27	
(Ac	ldress)	
OCALA FL	34482	
(City/State and Zip Code)		
For further information concerning this matter, please call:		
H MICHAEL REILLY JR (Name of Contact Person)	at ( <u>800</u> ) <u>533-5771</u> (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount	nt:	
\$35 Filing Fee \$\infty\$\$\$43.75 Filing Fee &  \text{Certificate of Status}\$\$	\$43.75 Filing Fee & \$\sum \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)  \$\$ Certified Copy (Additional copy is enclosed)	
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	

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:			
	LORRAINE FARM SUPPLY, INC.			
SECOND:	0,000,000,740,70			
THIRD:	The date dissolution was authorized: FEBRUARY 17, 2010			
	Effective date of dissolution <u>if applicable:</u> (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)			
	(voting group)			
	PHE STATE OR			
	Signature:  (By a director, president or other officer - if affectors 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)			
	H MICHAEL REILLY JR (Typed or printed name of person signing)			
	PRESIDENT			
(Title of person signing)				

Filing Fee: \$35