P00000078591

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: SMITHROCK, INC		
DOCUMENT NUMBER: F00000078571		
The enclosed Articles of Dissolution and fee are submitted	d for filing.	
Please return all correspondence concerning this matter to	the following:	
THOMAS A. ROTHROCK, DICE	Presidenti	
(Name of Contact Person))	
SMITH ROCK, INC.		
(Firm/Company)		
9075 HAMMOCK LAKE COUNT	5	
(Address)		
CONAL GABLER, FL 3315	6	
(City/State and Zip Code	e)	
For further information concerning this matter, please call:		
	a Code & Daytime Telephone Number)	
,	a coue a Bajamie Polophone Pamoely	
Enclosed is a check for the following amount:	,	
\$\text{\$\sumsymbol{\text{S}}\$ Filing Fee & \$\text{\$\ext{\$\text{\$\$\}\$\$}}\$}}\$}}}}} \end{length}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	py Certificate of Status &	
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

	section 607.1403, Florida Statutes, this Florida profit corporation stibmits the policy ing articles
of dissolutio	TALLAHASSEE, FLORIDA
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	SMITHROCK, INC.
SECOND:	The document number of the corporation (if known): P000000 78591
ΓHIRD:	The date dissolution was authorized: 12/31/2010
	Effective date of dissolution if applicable: 12/31/2010 (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)
9	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)
	THOMAS A. POTHROCK
	(Typed or printed name of person signing)
	(Title of person signing)
	(This or person alguing)

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 Corporation: Smillrock, INC.
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
DATE OF CLAIMENT, ADDRESS OF CLAIM FUT, DRICKIATON OF CLAIM DATE OF CLAIM, DATE OF SUBJECT OF CLAIM, AMOUNT OF CLAIM
DATE OF CLAIM, DATE OF SUBJECT OF CLAIM, AMOUNT OF CLAIM
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
9075 HAMMOUR LAKES COUNT
CONAL GARGES, FL 33156
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.
THOMAS A. PORTAGE
Printed Name of the Person Filing Signature of the Person Filing