

P00000088182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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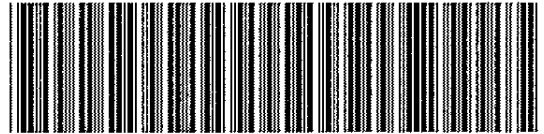
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ \* Certificates of Status \_\_\_\_\_

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09/10/07--01014--006 \*\*35.00

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07 SEP 10 PM 3:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FD-155 ON  
9-10-07

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** - DISSOLUTION

**DOCUMENT NUMBER:** \_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

SUSAN NUNAMAKER

(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

486 HARBOR DRIVE NORTH

(Address)

INDIAN ROCKS BEACH, FL 33785

(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN NUNAMAKER

(Name of Contact Person)

at ( 727 - 595-9393 )

(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, 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:

NUNAMKER ENTERPRISES, INC

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

P00000088182

THIRD: The date dissolution was authorized: 7-1-07

Effective date of dissolution if applicable: 7-1-07

(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

N/A

(voting group)

Signature: (✓) Susan Nunamker

(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)

SUSAN NUNAMKER

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 SEP 10 PM 3:04

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Filing Fee: \$35