

PO1000084331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

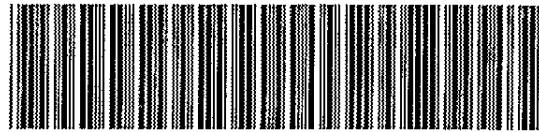
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

disposal

Linden I. Millwood  
P.O. Box 494796  
Port Charlotte, FL 33949

Florida Department of State  
Compliance Section  
P.O. Box 6327  
Tallahassee, FL 32314

Dear State Officer:

As indicated in the accompanying form, dissolve the corporation 2M Unlimited, Inc.  
[Document number: P01000084331] as requested in the compliance form.

My Contact information is:

Linden I. Millwood  
P.O. Box 494796  
Port Charlotte, FL 33949

Tel: 941-505-1801  
Fax: 941-505-8871

Sincerely,



Linden I. Millwood

Enclosed: check in the amount of \$35.00 for filing fee.

## ARTICLES OF DISSOLUTION

Pursuant to 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: 2M Unlimited, Inc.

SECOND: The filing date of the articles of incorporation was: August 24, 2001

THIRD: (CHECK ONE)

☐ None of the corporation's shares have been issued.

☒ The corporation has not commenced business.

FOURTH: No debt of the corporation remains unpaid.

FIFTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SIXTH: Adoption of Dissolution (CHECK ONE)

☒ A majority of the incorporators authorized the dissolution.

☐ A majority of the directors authorized the dissolution.

Signed this 31 day of December, 2002

Signature

Linden I. Millwood  
(By the chairman or vice chairman of the board, president, or other officer - if there are no officers or directors, by an incorporator.)

Linden I. Millwood  
(Typed or printed name)

President/CEO  
(Title)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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