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Office Use Only



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EFFECTIVE DATE

2005 NOV 20 AM IO: 12

Ps 11/25/00/12 Diss/notice

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: DISSOLUTION OF MULLENNANT ASSOCIATES /NO		
DOCUMENT NUMBER: <u>P010000 93585</u>		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
TOHN A. MULRENNAN, JR. (Name of Contact Person)		
· · · · · · · · · · · · · · · · · · ·		
MULRENNAN & ASSOCIATES NC. (Firm/Company)		
P.O. BOX 5321		
(Address)		
(Address) VACKSONVILLE FC 32247 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
JUHN MULRENNAN at (904) 737-8013		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
S35 Filing Fee \$\Bigcup \\$43.75 Filing Fee & \Bigcup \\$43.75 Filing Fee & \Bigcup \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS: STREET ADDRESS:		
Amendment Section Amendment Section		
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

DIVISION OF CORPORATIONS 2006 HOV 27 AM 10: 12

ARTICLES OF DISSOLUTION

Pursuant to of dissolution	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MULRENNAN AND ASSOCIATES INC.
SECOND:	The document number of the corporation (if known): POLOGO 93585
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable: (no more than 90 days after dissolution file date)
FOURTH:	Adoption of Dissolution (CHECK ONE) EFFECTIVE DATE 12-31-0 C
	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
	OFFICERS OF THE CORPORATION (voting group)
	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)
	TOHN A MULRENIAN, TR. (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. 607.1407, F.S.
This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.
Name of Corporation: MULRENNAN AND ASSOCIATES, 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:
NAME, ADDRESS AND TEZEPHONE NUMBER DE CLAIMANT AND NATURE DE THE CORM,
DE CLAIMANT AND NATURE DE THE COMO,
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
P.O. BAX 5321
P.O. BOX 5321 TACKSONVILLE, FL 32247
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.
TOHNA, MULKENNAN TR- Colon Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35,00