

PD20000013307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

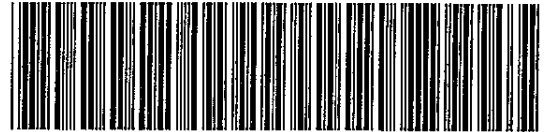
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
04 JUL 16 PM 4:30
TALLAHASSEE, FLORIDA

Ant Diss/cc
1a 7.22.04

July 12, 2004

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sirs:

Enclosed you will find Articles of Dissolution for Brothers Moving and Storage of Florida, Inc. along with a check in the amount of \$43.75 for the dissolution and a certified copy. My return address is:

Tom Comstock
Corporate Minutes Made
48412 N. Black Canyon Hwy. #376
New River, AZ 85087

If you have questions about this filing, my business number is 623-742-6528.

Sincerely,



Tom Comstock
Corporate Minutes Made

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Department of State:
BROTHERS MOVING AND STORAGE OF FLORIDA, INC.
- SECOND: The document number of the corporation (if known): P02000013307
- THIRD: The date dissolution was authorized: MAY 13, 2004
Effective date of dissolution if applicable: _____
(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 of 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)

Signed this 20TH day of MAY, 2004.

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)

JOHN S. DASILVA
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

Filing Fee: \$35

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CLERK OF STATE
TALLAHASSEE, FLORIDA