

P02000027004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

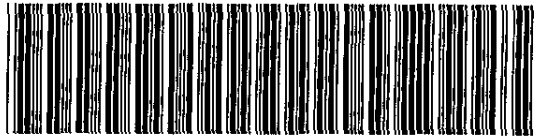
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 MAY -4 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dissolution
LTS
5-11-05

DANIEL P. BLEWITT
4098 W. BRIARFOREST ROAD
JACKSONVILLE, FLORIDA 32277

November 16, 2004

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: Property Management Group, Inc.

Dear Sir or Madam:

Enclosed are Articles of Dissolution for the above-referenced entity, along with a check in the amount of \$35.00, representing the filing fee. Please file the statement accordingly, and return confirmation to me at the above Jacksonville address.

Sincerely,


Daniel P. Blewitt

Enclosures

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:

Property Management Group, Inc.

SECOND: The document number of the corporation (if known): P02000027004

THIRD: The date dissolution was authorized: 03/01/2005

Effective date of dissolution if applicable: 03/01/2005
(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 _____ day of _____, _____.

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)

DAN BLEWITT

(Typed or printed name of person signing)

VT

(Title of person signing)

Filing Fee: \$35

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA