

PO2000071713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

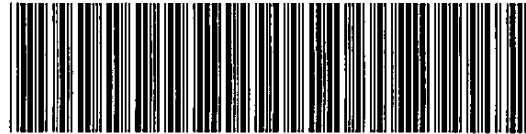
(Document Number)

Certified Copies _____

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TALLAHASSEE, FLORIDA

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TO: Amendment Section
Division of Corporations

DOCUMENT NUMBER: P02000071713

Please return all correspondence concerning this matter to the following:

(Name of Contact Person)

8150 Cleveland Drive

Punta Gorda, FL 33982

For further information concerning this matter, please call:

at (941) 639-2738

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

[illegible]

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

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:

Lowe's Livestock Mercantile, Inc.

SECOND: The document number of the corporation (if known): P02000071713

THIRD: The date dissolution was authorized: May 16, 2006

Effective date of dissolution if applicable: July 15, 2006

(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

(voting group)

Signature: Joy Lowe

(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)

Joylynn Lowe

(Typed or printed name of person signing)

President/Director

(Title of person signing)

Filing Fee: \$35

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TALLAHASSEE, FLORIDA