

PO2000093053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

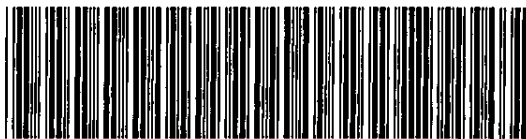
(Document Number)

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700095155977

04/02/07--01016--026 **35.00

EFFECTIVE DATE
5-1-07

VD/W mfm

FILED
07 APR -2 PM12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 04 2007

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lynnart Crafts, Inc.

DOCUMENT NUMBER: P02000093053

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LINDA C. CLEMONS
(Name of Contact Person)

(Firm/Company)

916 LAKE ASBURY DRIVE
(Address)

Green Cove Springs FL 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA C. CLEMONS at (904) 406-2162
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

EFFECTIVE DATE
5-6-07

FIRST: The name of the corporation as currently filed with the Florida Department of State:

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: LYNNART CRAFTS, 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:

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

916 LAKE ASBURY DRIVE
GREEN COVE SPRINGS, FL

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.

LINDA C. CLEMONS

Printed Name of the Person Filing

Linda C. Clemons

Signature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00