## PDZ-000127120

(Requestor's Name)
(Address)
(Addison)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Duciness Fully Many)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
· —
·
Special Instructions to Filing Officer:

Office Use Only



200142235052

02/02/09--01051--018 \*\*43.75

09 FEB -2 AM 11: 08

SECRETARY OF STATE DIVISION OF CORPORATIONS

AHD155 Mad/9/09

## **COVER LETTER**

SUBJECT: Dissolution of Business  DOCUMENT NUMBER: PO 2000127120  The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Connie McMorrow (Name of Contact Person)  Rodger McMorrow Door Co., Inc.  (Firm/Company)  1725 Pine Tree Dr.  (Address)  Edgewater, FC 3213 >  (City/State and Zip Code)  For further information concerning this matter, please call:  Connie McMorrow (Name of Contact Person)  at (38C) 690-6314/ (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\B\$35 Filing Fee \( \B\$43.75 Filing Fee & \B\$43.75 Filing Fee & \B\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Certified Copy			
The enclosed Articles of Dissolution and fee are submitted for filing.  Please return all correspondence concerning this matter to the following:  Connie Memorrow (Name of Contact Person)  Rodger Memorrow Door Co., Inc.  (Firm/Company)  1725 Pine Tree Dr.  (Address)  Edgewater FC 3213 \( \)  (City/State and Zip Code)  For further information concerning this matter, please call:  Connie Memorrow (Name of Contact Person)  at (38C) 690-6314  (Name of Contact Person)  Enclosed is a check for the following amount:  \$\textstyle{			
Please return all correspondence concerning this matter to the following:  Connie McMarra W (Name of Contact Person)  Rodger McMarra W Door Co., Inc.  (Firm/Company)  //25 Pine Tree Dr.  (Address)  Edgewater, FL 32/3 >  (City/State and Zip Code)  For further information concerning this matter, please call:  Connie McMarra W at (386) 690-63/4  (Name of Contact Person)  at (386) 690-63/4  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\Begin{align*} \text{\$35 Filing Fee} \Rightarrow \text{\$43.75 Filing Fee} \Rightarrow \text{\$43.75 Filing Fee} \Rightarrow \text{\$Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{Certified Copy}			
Connie McMorrow  (Name of Contact Person)  Rodger McMorrow Door Co. Inc.  (Firm/Company)  1725 Pine Tree Dr.  (Address)  Edgewater FL 3213 \(\text{2}\)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Name of Contact Person)  at (386) (490-6314/ (Name of Contact Person)  Enclosed is a check for the following amount:  \$\text{\$\sumsymbol{3}\$ \$\text{5}\$ Filing Fee & \$\text{\$\sumsymbol{3}\$ \$\text{43.75}\$ Filing Fee & \$\text{\$\sumsymbol{2}\$ \$\text{52.50}\$ Filing Fee, Certificate of Status & Certified Copy (Additional copy is Certified Copy)			
Rodger McMorrow Door Co., Inc.  (Firm/Company)  1725 Pine Tree Dr.  (Address)  Edgewater, FL 3213 >  (City/State and Zip Code)  For further information concerning this matter, please call:  Connic McMorrow at (386) 690-6314  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int \frac{\\$35}{\}\$ Filing Fee \$\int \frac{\\$43.75}{\}\$ Filing Fee \$\int \tag{\}243.75\$ Filing Fee \$\int \tag{\}243.75\$ Filing Fee \$\int \tag{\}243.75\$ Certificate of Status & Certified Copy (Additional copy is Certified Copy			
Rodger McMorrow Door Co., Inc.  (Firm/Company)  1725 Pine Tree Dr.  (Address)  Edgewater, FL 3213 >  (City/State and Zip Code)  For further information concerning this matter, please call:  Connic McMorrow at (380) 690-6314  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  \$\int \frac{\\$35}{\}\$ Filing Fee \text{ \$\left(\frac{\}{3}\)} \frac{\}{\}\$ Certificate of Status &  (Additional copy is Certified Copy  (Additional copy is Certified Copy			
Connic McMor (o w at (380) 690-6314 (Area Code & Daytime Telephone Number)			
Connic McMor (o w at (380) 690-6314 (Area Code & Daytime Telephone Number)			
Edgewater, FL 3213 \( \)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Connie Memorico w at (386) 690-6314 (Area Code & Daytime Telephone Number)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Status Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Certified Copy)			
Edgewater, FL 3213 \( \)  (City/State and Zip Code)  For further information concerning this matter, please call:  (Connie Memorico w at (386) 690-6314 (Area Code & Daytime Telephone Number)  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (Status Filing Fee & \$43.75 Filing Fee & \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Certified Copy)			
For further information concerning this matter, please call:  (Onnic Monorow at (386) 690-6314 (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (\$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$\f			
For further information concerning this matter, please call:  (Onnic Monorow at (386) 690-6314 (Area Code & Daytime Telephone Number)  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  (\$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$			
Connic McMor (ow (Name of Contact Person) at (386) 690-6314  (Name of Contact Person) (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  []\$35 Filing Fee \$\times\$			
(Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  []\$35 Filing Fee   \$43.75 Filing Fee & []\$43.75 Filing Fee & []\$52.50 Filing Fee,  Certificate of Status   Certified Copy   Certificate of Status & (Additional copy is   Certified Copy   Certified Co			
(Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed is a check for the following amount:  []\$35 Filing Fee   \$43.75 Filing Fee & []\$43.75 Filing Fee & []\$52.50 Filing Fee,  Certificate of Status   Certified Copy   Certificate of Status & (Additional copy is   Certified Copy   Certified Co			
Enclosed is a check for the following amount:  \$\begin{align*} \\$\\$43.75 \text{ Filing Fee & } \\$\\$43.75 \text{ Filing Fee & } \\$\\$\\$52.50 \text{ Filing Fee,} \\ \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\			
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & \$\sum \\$\$43.75 Filing Fee & \$\sum \\$\$52.50 Filing Fee,  Certificate of Status & Certified Copy & Certificate of Status & Certified Copy			
Certificate of Status Certified Copy Certificate of Status & Certified Copy is Certified Copy			
enclosed) (Additional copy is enclosed)			
MAILING ADDRESS: STREET ADDRESS:			
Amendment Section Amendment Section			
Division of Corporations  P.O. Box 6327  Clifton Building			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

ũ

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	Rodger McMorrow Door Co., Inc.		
SECOND:	The document number of the corporation (if known): PO2000127120		
THIRD:	The file date of the articles of incorporation: Nov. 25, 2002		
FOURTH:	(CHECK AT LEAST ONE BOX)		
	None of the corporation's shares have been issued.		
	The corporation has not commenced business.		
FIFTH:	No debt of the corporation remains unpaid.		
SIXTH:	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.		
SEVENTH:	Adoption of Dissolution (CHECK ONE)		DIV
	A majority of the incorporators authorized the dissolution.	09 FEB -2 AM 11: 08	SECRE
	A majority of the directors authorized the dissolution.	8-2	OF COR
		==	OF STA
		.08	ES.
Sign	ature: ConnieS. McMorrow	o o	(**
	(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.)	if	
	Connie S. Mc Morrow (Typed or printed name of person signing)		
	(Typed or printed name of person signing)		
	Sec. / Treas.		
	(Title of Person Signing)		

Filing Fee: \$35