

P03000000168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

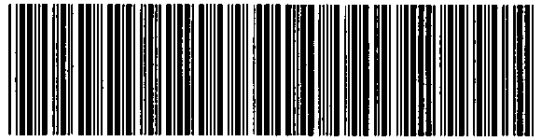
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/09/09--01047--027 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 25 AM 9:09

Liss
C.COULLIETTE

MAR 25 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Custon Cabinets & more Inc
(Name of Florida Limited Partnership or Limited Liability Limited Partnership)

The enclosed Certificate of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Joseph Adam
(Contact Person)

(Firm/Company)

826 Forest Lake Dr.
(Address)

Jaheland FL 33809
(City, State and Zip Code)

For further information concerning this matter, please call:

Joseph Adam at (863) 858-1285
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee
and Certificate of
Status | <input type="checkbox"/> \$105.00 Filing Fee
and Certified Copy | <input type="checkbox"/> \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status |
|--|---|--|---|

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

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

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: dissolve the corporation

DOCUMENT NUMBER: po3000000168

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

Please return all correspondence concerning this matter to the following:

Joseph D. Adam

(Name of Contact Person)

(Firm/Company)

826 Forest Lake Dr

(Address)

Lakeland, FL 33809

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph D. Adam

(Name of Contact Person)

at (863) 858-1285

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 11, 2009

JOSEPH ADAMS
826 FOREST LAKE DR
LAKELAND, FL 33809

SUBJECT: CUSTOM CABINETS & MORE, INC.
Ref. Number: P03000000168

We have received your document for CUSTOM CABINETS & MORE, INC. and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have used the form to dissolve a limited liability partnership. You will need to go to www.sunbiz.org and obtain the form to dissolve a profit Florida corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 609A00008384

RECEIVED
2009 MAR 24 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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:

CUTOM CABINETS & MORE, INC

SECOND: The document number of the corporation (if known): PO 3000000168

THIRD: The file date of the articles of incorporation: 12-30-2002

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)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

Signature: Joseph D. Adam

(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.)

Joseph D. Adam

(Typed or printed name of person signing)

Owner

(Title of Person Signing)

Filing Fee: \$35

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAR 25 AM 9:08