

P030000000947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

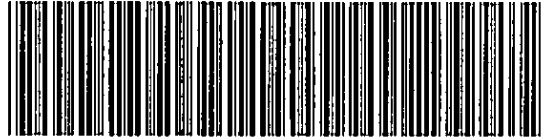
(Business Entity Name)

(Document Number)

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12/06/19- 01004-- 078 \*\*35.00

eff: 12/31/19

V/D  
w/ Notice

01/02/20  
DC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
2019 DEC -6 AM 8:58

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BOB'S HOME REPAIR, INC.  
\_\_\_\_\_

**DOCUMENT NUMBER:** P03000000947  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

BOHDAN NAGORKA  
\_\_\_\_\_

(Name of Contact Person)

\_\_\_\_\_  
(Firm/Company)

4979 KLOSTERMAN OAKS BLVD  
\_\_\_\_\_

(Address)

PALM HARBOR, FLORIDA 34683-1241  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

BOHDAN NAGORKA  
\_\_\_\_\_

(Name of Contact Person)

(727)942-6029

at (

(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FIRST: The name of the corporation as currently filed with the Florida Department of State:  
BOB'S HOME REPAIR, INC.

THIRD: The date dissolution was authorized: 12/01/2019

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

☐ Dissolution was approved by the shareholders through voting groups.

The number of votes cast for dissolution was sufficient for approval by

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)

(Typed or printed name of person signing)

(Title of person signing)

**Filing Fee: \$35**

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DIVISION OF CORPORATIONS  
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## 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: BOB'S HOME REPAIR, 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:

Any and all documents and information to prove validity of the claim.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Bohdan Nagorka, 4979 Klosterman Oaks Blvd, Palm Harbor FL 34683-1241

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

BOHDAN NAGORKA

Printed Name of the Person Filing

  
\_\_\_\_\_  
Signature of the Person Filing