P03000026132

(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

500083582805

03/14/07--01001--009 **10.00

01/10/07--01011--013 **25.00

FILED
07 MAR 13 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DISS. / NOTICE

SF

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: McMullen & Company Inc.
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

Gary N. McMullen
(Name of Person)

(Firm/Company)

8528 SW 21 Lane
(Address)

Gainesville, Florida 32607-3457
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary N. McMullen at (352) 332-8978
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- [x] $25.00 Filing Fee
- [ ] $30.00 Filing Fee & Certificate of Status
- [ ] $55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- [ ] $60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2007

Gary N. McMullen
8528 SW 21 Lane
Gainesville, FL 32607-3457

SUBJECT: MCMULLEN & COMPANY, INC.
Ref. Number: P03000026132

We have received your document for MCMULLEN & COMPANY, INC. and check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The wrong form was submitted to voluntarily dissolve the subject corporation. Enclosed is the correct information. As the filing fee to voluntarily dissolve a Florida corporation is $35, an additional fee of $10 is due.

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) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 907A00003142

RECEIVED
07 MAR 13 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF McMullen & Co. INC.

DOCUMENT NUMBER: P03000026132

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

Please return all correspondence concerning this matter to the following:

GARY McMULLEN
(Name of Contact Person)

McMULLEN & Co. INC.
(Firm/Company)

8528 SW 21 Lane
(Address)

Gainesville, FL. 32607
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY McMullen at (352) 332-8978
(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

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:

McMULLEN & COMPANY, INC.

SECOND: The document number of the corporation (if known): P03000026132

THIRD: The date dissolution was authorized: JANUARY 12, 2007

Effective date of dissolution if applicable: _____
(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

President and Director
(voting group)

FILED
07 MAR 13 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature: Gary N. McMullen
(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)

GARY N. McMULLEN
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)

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: McMULLEN & COMPANY, 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:

SPECIFIC DATES, INVOICE MUST BE
INCLUDED, REASON FOR CLAIM.

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

8528 SW 21 LANE
GAINESVILLE, FLORIDA 32607

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.

GARY N. McMULLEN
Printed Name of the Person Filing

Gary N. McMullen
Signature of the Person Filing

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