Po30007/673

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(Address)	
(Address)	
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(Business Entity Name)	
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section

Tallahassee, Florida 32314

Division of Corporations
SUBJECT: DISSOLUTION OF WILLIAM'S HOME INSPECTEON SERVICE, INC.
DOCUMENT NUMBER: <u>P030007/673</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
WILLIAM'S HOME INSPECTION SERVICE, INC. (Name of Firm/Company)
1229 NE 97 STREET (Address)
MIAMI SHOPES FL 33138 (City/State/and Zip Code)
For further information concerning this matter, please call:
WILLIAM HARRINGTON at (305) 758-5485 (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:
\$35 Filing Fee \$\sum \\$43.75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43.75 Filing Fee & Certificate of Status & Certified Copy (Additional copy is enclosed)
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines Street

Tallahassee, Florida 32399

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 Department of State:
	WILLIAM'S HOME FUSPECTION SERVICE, INC.
SECOND:	The document number of the corporation (if known): P03 00007/673
THIRD:	The date dissolution was authorized:
	Effective date of dissolution if applicable:
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 of 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: ラス 兄
	The number of votes cast for dissolution was sufficient for approval by
	Corporate officers in SER P. II
	Signed this 19th day of Lanuary, 2007
	Signature: (By a director, president or other officer - if directors en officers have not been selected, by an incorporator - if in the bands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)
	(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: WILLIAM'S HONE INSPECTION SERVICE, 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:
Oveter of claim
1 All persons/parties involved
3 Date of claimed incident(s)
(4) Signed with contact information
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1229 NE 97 Street
1229 NE 97 Street Mismi Shores Fr 33/38

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.

Printed Name of the Person Filing Signature of the Person Filing

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