

PU30000 74664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

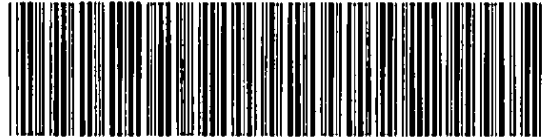
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 DEC 20 PM 4:14

R. WHITE

JAN 02 2020

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PRO-TEC CERTIFIED HOME INSPECTIONS INC

DOCUMENT NUMBER: P03 0000 74664

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

Please return all correspondence concerning this matter to the following:

BRUCE VOIGT

(Name of Contact Person)

PRO-TEC CERTIFIED HOME INSPECTIONS INC

(Firm/Company)

14443 POND PLACE DR

(Address)

JACKSONVILLE FL 32223

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL J. MONAKEY CPA at ( 904 - 262-2661 )

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

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:

PRO-TEC CERTIFIED HOME INSPECTIONS INC

SECOND: The document number of the corporation (if known): P03000074664

THIRD: The date dissolution was authorized: DECEMBER 9, 2019

Effective date of dissolution if applicable: DECEMBER 31, 2019

(no more than 90 days after dissolution file date)

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.

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

\_\_\_\_\_  
(voting group)

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)

BRUCE VOIGT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35

2019 DEC 20 PM 4:14

## 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: PRO-TEC CERTIFIED HOME INSPECTIONS 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:

NAME

DATE OF SERVICE

ADDRESS OF SERVICE

AMOUNT PAID

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

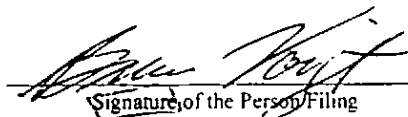
14443 POND PLACE DR

JACKSONVILLE FL 32223

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.

BRUCE VOIGT

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