

PO3000077848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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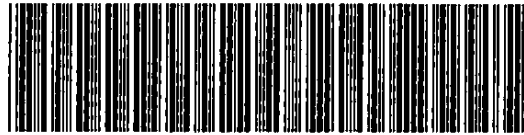
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

DIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GRANDWEST, INC.

DOCUMENT NUMBER: P03000077848

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

Please return all correspondence concerning this matter to the following:

FRANK GRANDINETTI

(Name of Contact Person)

GRANDWEST, INC.

(Firm/Company)

1011 SWEET JASMINE DRIVE

(Address)

TRINITY, FL 34655

(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK GRANDINETTI at (727) 372-0580

(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

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FIRST: The name of the corporation as currently filed with the Florida Department of State:

SECOND: The document number of the corporation (if known): P03000077848

THIRD: The date dissolution was authorized: 11-17-2006

Effective date of dissolution if applicable: 12-31-2006

(no more than 90 days after dissolution file date)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

(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)

(Typed or printed name of person signing)

(Title of person signing)

Filing Fee: \$35

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