

PO3000111984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

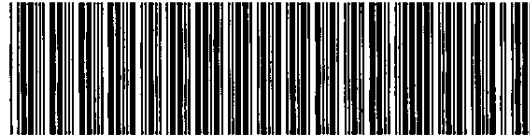
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000270189510

04/07/15--01034--003 **10.00

03/05/15--01011--019 **25.00

FILED
15 APR -3 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 08 2014

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 23, 2015

RON HAMMOND
190 S MAGNOLIA ST
FELLSMERE, FL 32948

SUBJECT: RON HAMMOND PAINTING, INC.
Ref. Number: P03000111984

We have received your document for RON HAMMOND PAINTING, 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):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The attached form must be completed in order to file the document.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 715A00005765

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cancellation

DOCUMENT NUMBER: P03000111984

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

Please return all correspondence concerning this matter to the following:

Ron E. Hammond
(Name of Contact Person)

Ron Hammond Painting
(Firm/Company)

581 Frink Ave SE
(Address)

Sebastian FL 32968
(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Hammond at (772) 538-7849
(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:

Ron Hammond Property Inc

SECOND: The document number of the corporation (if known): PG 3000 111 984

THIRD: The date dissolution was authorized: 1-1-2015

Effective date of dissolution if applicable: 3-1-2015
(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

300

(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)

Ron E. Hammond

(Typed or printed name of person signing)

OWNER

(Title of person signing)

Filing Fee: \$35

FILED
15 APR -3 AM 7:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ron Hammond Printing

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:

Dissolution of Corporation

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

581 Frink Ave Sebastian FL 32968

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.

Ron E Hammond

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