

PD3DD0123472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

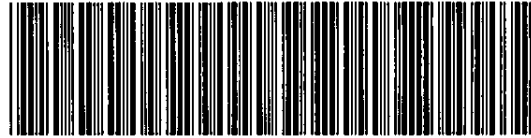
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

And Diss

JAN 13 2015  
I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FLORIDA CORPORATION DISSOLUTION

**DOCUMENT NUMBER:** P03000123472

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

Please return all correspondence concerning this matter to the following:

MICHAEL JUSTINDUVAL

(Name of Contact Person)

MICHAEL DUVAL INTERIORS, INC.

(Firm/Company)

500 S. MAITLAND AVENUE

(Address)

MAITLAND, FL 32751

(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL DUVAL

at (407-923-5888

(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 1, 2015

MICHAEL JUSTINDUVAL 2nd mailing  
MICHAEL DUVAL INTERIORS INC  
779 BEAR CREEK CIR  
WINTER SPRINGS, FL 32708-3892

SUBJECT: MICHAEL DUVAL INTERIORS, INC.  
Ref. Number: P03000123472

We have received your document for MICHAEL DUVAL INTERIORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 215A00024066

RECEIVED  
16 JAN 13 PM 12:59



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 13, 2015

MICHAEL JUSTINDUVAL  
MICHAEL DUVAL INTERIORS INC  
500 S. MAITLAND AVE  
MAITLAND, FL 32751

SUBJECT: MICHAEL DUVAL INTERIORS, INC.  
Ref. Number: P03000123472

We have received your document for MICHAEL DUVAL INTERIORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date of adoption/authorization of this document must be a date on or prior to submitting the document to this office, and this date must be specifically stated in the document. If you wish to have a future effective date, you must include the date of adoption/authorization and the effective date. The date of adoption/authorization is the date the document was approved.

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Irene Albritton  
Regulatory Specialist II

Letter Number: 215A00024066

## 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:  
MICHAEL DUVAL INTERIORS, INC.

SECOND: The document number of the corporation (if known): P03000123472

THIRD: The date dissolution was authorized: DECEMBER 31, 2015

Effective date of dissolution if applicable: DECEMBER 31, 2015

(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)

MICHAEL JUSTIN DUVAL

\_\_\_\_\_  
(Typed or printed name of person signing)

PRESIDENT

\_\_\_\_\_  
(Title of person signing)

FILED  
2016 JAN 13 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA