

FD3000124211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

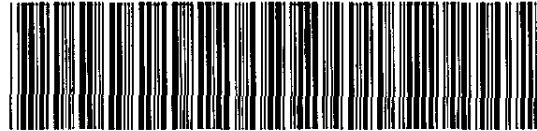
(Business Entity Name)

(Document Number)

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FALL ARIASSEE, FLORIDA

Dissolution

T BROWN NOV 15 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Manny Iglesias Carpentry, Inc.

DOCUMENT NUMBER: P03000124211

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

Please return all correspondence concerning this matter to the following:

Teresa Iglesias
(Name of Contact Person)

(Firm/Company)

14115 Scrub Oak Lane
(Address)

Brooksville, FL 34613
(City/State and Zip Code)

For further information concerning this matter, please call:

Teresa Iglesias at (352) 597-9700
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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

Glenda E. Hood
Secretary of State

October 19, 2005

TERESA IGLESIAS
14115 SCRUB OAK LANE
BROOKSVILLE, FL 34613

SUBJECT: MANNY IGLESIAS CARPENTRY, INC.
Ref. Number: P03000124211

We have received your document for MANNY IGLESIAS CARPENTRY, 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6869.

Teresa Brown
Document Specialist

Letter Number: 005A00063613

DOUGHERTY & ASSOCIATES, LLC

CPA Financial Advisors

- Tax Work
 - Financial Management
 - Accounting
-

November 8, 2005

Florida Department of State
Division of Corporations
Attn: Teresa Brown, Document Specialist
PO Box 6327
Tallahassee, FL 32314

Re: Manny Iglesias Carpentry, Inc.
Ref. Number: P03000124211

Dear Ms Brown

As per our phone conversation November 1, 2005, enclosed is the resubmission of the Articles of Dissolution for Manny Iglesias Carpentry, Inc. Manny Iglesias was the sole shareholder/officer of the corporation and passed away on August 28, 2005. Enclosed is a copy of the death certificate. As we spoke, there will be no Estate opened and no court appointed representative. Teresa Iglesias is the surviving spouse and signed the Articles of Dissolution.

Please accept the resubmission. Should you need any additional information, please contact me. Thank you for your assistance in closing this corporation.

Sincerely



Helen A. Parsolano
Staff Accountant

Cc: Teresa Iglesias

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:

Manny Iglesias Carpentry, Inc.

SECOND: The document number of the corporation (if known): P03000124211

THIRD: The date dissolution was authorized: August 28, 2005

Effective date of dissolution if applicable: August 28, 2005
(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 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:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signature: Teresa Iglesias

(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)

Teresa Iglesias

(Typed or printed name of person signing)

Personal Representative
(Title of person signing)
for Manny Iglesias, Director, Deceased

Filing Fee: \$35

FILED
05 NOV 14 AM 10:02
CLERK OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA

OFFICE of VITAL STATISTICS

CERTIFIED COPY

FLORIDA CERTIFICATE OF DEATH

| | | | | | |
|--|--|---|---|--|---|
| 1. DECEDENT'S NAME (First, Middle, Last, Suffix) Manuel Joseph Iglesias | | | | 2. SEX Male | |
| 3. DATE OF BIRTH (Month, Day, Year) December 19, 1942 | | 4a. AGE - last birthday (Years) 62 | | 5. DATE OF DEATH (Month, Day, Year) August 28, 2005 | |
| 6. SOCIAL SECURITY NUMBER | | 7. BIRTHPLACE (City and State or Foreign Country) New York, New York | | 8. COUNTY OF DEATH Hillsborough | |
| 9. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival NON-HOSPITAL: <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing Home/Long Term Care Facility <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify) | | | | | |
| 10. FACILITY NAME (If not institution, give street address) Tampa General Hospital | | | 11a. CITY, TOWN, OR LOCATION OF DEATH Tampa | | 11b. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 12. MARITAL STATUS (Specify) <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married | | | 13. SURVIVING SPOUSE (If wife, give maiden name) Teresa Galella | | |
| 14a. RESIDENCE - STATE Florida | | 14b. COUNTY Hernando | | 14c. CITY, TOWN, OR LOCATION Brooksville | |
| 14d. STREET ADDRESS 14115 Scrub Oak Lane | | | 14e. APT. NO. | 14f. ZIP CODE 34613 | 14g. INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired" New York State Police Officer | | | 15b. KIND OF BUSINESS/INDUSTRY Law Enforcement | | |
| 16. DECEDENT'S RACE (Specify race/ethnicity to indicate what the decedent considered himself/herself to be. More than one race may be specified.) <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (specify tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Is. (Specify) <input type="checkbox"/> Other (Specify) | | | | | |
| 17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? <input checked="" type="checkbox"/> Yes (If Yes, Specify) <input type="checkbox"/> No (Specify if decedent was of Hispanic or Haitian origin.) <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input checked="" type="checkbox"/> Cuban <input type="checkbox"/> Central/South American <input type="checkbox"/> Other Hispanic (Specify) <input type="checkbox"/> Haitian | | | | | |
| 18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.) <input type="checkbox"/> 8th or less <input checked="" type="checkbox"/> High school but no diploma <input type="checkbox"/> High school diploma or GED <input type="checkbox"/> College but no degree <input type="checkbox"/> College degree (Specify): <input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Doctorate | | | | | |
| 20. FATHER'S NAME (First, Middle, Last, Suffix) Manuel Iglesias | | | 21. MOTHER'S NAME (First, Middle, Maiden Surname) Unobtainable | | |
| 22a. INFORMANT'S NAME Teresa Iglesias | | 22b. RELATIONSHIP TO DECEDENT Wife | | 22c. INFORMANT'S MAILING - STATE Florida | |
| 22d. CITY OR TOWN Brooksville | | 22e. STREET ADDRESS 14115 Scrub Oak Lane | | 22f. ZIP CODE 34613 | |
| 24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Florida National Cemetery | | 25a. LOCATION - STATE Florida | | 25b. LOCATION - CITY OR TOWN Bushnell | |
| 26. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify) | | | | | |
| 27a. IF CREMATION, DONATION OR BURIAL AT SEA, HAS MEDICAL EXAMINER APPROVAL GRANTED? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 27b. LICENSE NUMBER (of Licensee) 4635 | | 27c. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>Suzanne H. Jones</i> | |
| 28. NAME OF FUNERAL FACILITY Brewer & Sons Funeral Homes, | | | 28a. FACILITY'S MAILING - STATE Florida | | |
| 28b. CITY OR TOWN Spring Hill | | 28c. STREET ADDRESS 280 Mariner Blvd | | 28d. ZIP CODE 34609 | |
| 30. CERTIFIER: <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check one) <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated | | | | | |
| 31a. SIGNATURE AND TITLE OF CERTIFIER <i>Alexander Rosemurgy, M.D.</i> | | 31b. DATE SIGNED (month/day/year) 09/11/05 | | 32. TIME OF DEATH (24 hr.) 0129 | |
| 34a. LICENSE NUMBER (of Certifier) ME44370 | | 34b. CERTIFIER'S NAME Alexander Rosemurgy, M.D. | | 35. NAME OF ATTENDING PHYSICIAN (If other than Certifier) | |
| 36a. CERTIFIER'S - STATE Florida | | 36b. CITY OR TOWN Tampa | | 36c. STREET ADDRESS 4 Columbia Drive, Room #300 | |
| 36d. ZIP CODE 33606 | | 37. SUPERREGISTRAR - Signature and Date <i>Wagner W. Brown September 7, 2005</i> | | 38. LOCAL REGISTRAR - Signature <i>Rosa Garayzoli</i> | |
| 38a. DATE FILED BY REGISTRAR (Mo., Day, Yr.) SEP 07 2005 | | | | | |

Suzanne H. Jones
CHIEF DEPUTY REGISTRAR

SEP 07 2005

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.
THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

WARNING:

HEALTH