

PO3000/274/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

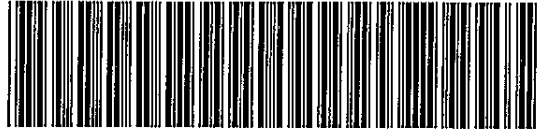
(Document Number)

Certified Copies _____

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*W/d's
T. Lewis*

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04/01/05--01022--007 **35.00

**LAW OFFICE OF
JANET M. STRICKLAND, P.A.
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Janet M. Strickland, Esq.
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March 30, 2005

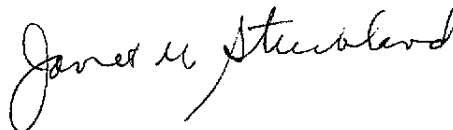
Department of State
Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

Re: Filing of Articles of Dissolution

Dear Division of Corporations:

Enclosed please find an original Articles of Dissolution form and a check in the amount of \$35.00 for the filing fee. This is for dissolving the Florida corporation, Thurlan Wiggins Drywall, Inc. Thank you.

Yours truly,

A handwritten signature in cursive script, appearing to read "Janet M. Strickland".

Janet M. Strickland

encs

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:
Thurlan Wiggins Drywall, Inc.

SECOND: The document number of the corporation (if known): P03000127416

THIRD: The date dissolution was authorized: 3/18/2005

Effective date of dissolution if applicable: 3/30/2005
(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)

Signed this 30th day of March, 2005

Signature: K. Thurlan Wiggins

(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)

THURLAN WIGGINS

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
05 APR - 1 AM 7:21
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE