

PO3000/29126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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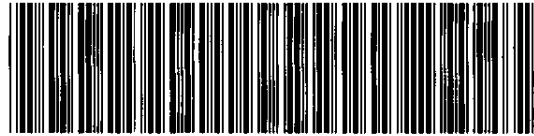
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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5-13-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of FI Corp

DOCUMENT NUMBER: P03000129126

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

Please return all correspondence concerning this matter to the following:

Barbara D Austin

(Name of Contact Person)

Bar Limited, Inc

(Firm/Company)

2998 N.W. HWY 70

(Address)

Arcadia, Florida 34266

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara D Austin

(Name of Contact Person)

at (321) 604 6083

(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

RECEIVED
2009 MAY -1 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2009

BARBARA D. AUSTIN
BAR LIMITED, INC.
2998 N.W. HWY 70
ARCADIA, FL 34266

SUBJECT: BAR LIMITED, INC.
Ref. Number: P03000129126

We have received your document for BAR LIMITED, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 509A00014919

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

Bar Limited, Inc

SECOND: The document number of the corporation (if known): P03000129126

THIRD: The date dissolution was authorized: APRIL 24, 2009

Effective date of dissolution if applicable: _____
(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

(voting group)

Signature: Barbara D. Austin
(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)

Barbara D Austin

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

FILED
09 MAY 11 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA