(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900279564099

01/04/16--01027--002 **35.00

JAN 07 2016

R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations				
SUBJECT: WATRIEN C. MCROE HOME SERVICES IN				
DOCUMENT NUMBER: P03000143397				
The enclosed Articles of Dissolution and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
W. C. MCRAE				
(Name of Contact Person)				
(Firm/Company)				
4939 CLUBVIEW CT E. (Address) Bradenton FL 34203				
(Address)				
Enfocation FL 34203.				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
W. C. MCPUTE at (941 745-5829				
(Name of Contact Person) (Area Code) (Daytime Telephone Number)				
Enclosed is a check for the following amount:				
Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section STREET ADDRESS: Amendment Section				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				
Tallahassee, FL 32314 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 WAMEN C. MCIAE HOME SEMICE			
SECOND:	The document number of the corporation (if known): PO300014			
THIRD:	The date dissolution was authorized: 7/1/15			
	Effective date of dissolution if applicable: (no more than 90 days after dissolution Note: If the date inserted in this block does not meet the applicable statutory filing requirem 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 was sufficient for approval.	for dissolution		
	Dissolution was approved by the shareholders through voting groups.			
	The following statement must be separately provided for each voting group e to vote separately on the plan to dissolve:	ntitled		
	The number of votes cast for dissolution was sufficient for approval by	16 SEC		
	100%	JAN -L		
	(voting group)			
5	Signature: M. M. Well	D STATE LORIDA		
	(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)			
	W. C. MCRAE			
	(Typed or printed name of person signing)			
	VICE PRESIDENT			
	(Title of person signing)			