P03000144046

(Requestor's Name)	
(Address)	_
(Address)	—
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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STONE & GERKEN, P.A.

ATTORNEYS AT LAW

4850 N. Highway 19A Mount Dora, Florida 32757 (352) 357-0330 Fax (352) 357-2474

LEWIS W. STONE SCOTT A. GERKEN KATRINA THOMAS STONE KEVIN M. STONE WILLIAM GRANT WATSON FRANCHESKA SABATINI

December 21, 2021

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Dissolution / Notice of Dissolution Whistling Pines Foliage, Inc.

Dear Sir or Madam.

I have enclosed with this letter the Articles of Dissolution and Notice of Dissolution. Whistling Pines Foliage, Inc. Please file these in the following order:

- 1. Articles of Dissolution of Whistling Pines Foliage, Inc.
- 2. Notice of Dissolution of Whistling Pines Foliage, Inc.

I have also enclosed a firm check in the amount of 43.75 to cover the costs of filing and certified copies of all filings. Please return all correspondence and certified copies concerning this matter to the following:

Stone & Gerken, P.A. Lewis W. Stone, Esq. 4850 N. Highway 19A Mount Dora, Florida 32757

For further information concerning this matter, please do not hesitate to call me. Thank you for your time and attention in this regard.

Newis W. Stone

ARTICLES OF DISSOLUTION

WHISTLING PINES FOLIAGE, INC.

Pursuant to Section 607.1401, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

- 1. The name of the corporation as currently filed with the Florida Department of State is WHISTLING PINES FOLIAGE, INC.
 - 2. The document number of the corporation is P03000144046.
 - 3. The Articles of Incorporation were filed on December 3, 2003.
 - 4. None of the corporation's shares have been issued.
 - 5. No debt of the corporation remains unpaid.
- 6. The net assets of the corporation remaining after winding up, if any, have b

distributed to the shareholders.

All shareholders have consented in writing to the dissolution of the corporation 7. pursuant to Section 607.1402, Florida Statutes and the Articles of Incorporation.

Dated 12/21/2021

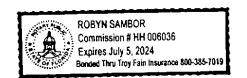
WHISTLING PINES FOLIAGE, INC.

Shirley A. Reichwein, Director

State of Florida County of Lake

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, Shirley A. Reichwein, Director of the Corporation named above and she acknowledged executing the same for the uses and purposes therein express, freely and voluntarily under authority duly vested in her by said Corporation.

WITNESS my hand and official seal in the County and State last aforesaid this **all** day of



My Commission Expures:

NOTICE OF CORPORATE DISSOLUTION

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WHISTLING PINES FOLIAGE, INC.

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in Section 607.1407, Florida Statutes.

- 1. The name of the corporation is Whistling Pines Foliage, Inc.
- 2. The Articles of Dissolution are being filed contemporaneously with this notice.
- 3. All claims must be made in writing and include the claim amount, basis, and origination date.
 - 4. The mailing address where claims can be sent is

35940 Johns Lane

Eustis, FL 32736

5. A claim against the above-named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Dated 12/21/2621

WHISTLING PINES FOLIAGE, INE

Shirley A Reichwein Director

State of Florida County of Lake

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgements, personally appeared, Shirley A. Reichwein, Director of the Corporation named above and she acknowledged executing the same for the uses and purposes therein express, freely and voluntarily under authority duly vested in her by said Corporation.

WITNESS my hand and official seal in the County and State last aforesaid this above day of

NOTARY**(**PUBLIC |

My Commission Expires:

ROBYN SAMBOR
Commission # HH 006036
Expires July 5, 2024

Bonded Thru Troy Fain Insurance 800-385-7019