# P03000151328

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## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: DAVID E GILLILAND IN	<u> </u>	
DOCUMENT NUMBER: P030001	51328	
The enclosed Articles of Dissolution	n and fee are submitted for filing.	
Please return all correspondence con	cerning this matter to the following:	
BARBARA A READ, EA		
(Na	me of Contact Person)	
READ BOOKKEEPING & TAX SERVIC	E INC	
(Firm/Company)		
1224 COUNTY ROAD ONE		
	(Address)	
DUNEDIN, FLORIDA 34698		
(0	ity/State and Zip Code)	
For further information concerning t	his matter, please call:	
BARBARA A READ	at ( <sup>727-736-1242</sup>	
(Name of Contact Person)	(Area Code) (Daytime Telephone Number)	
Enclosed is a check for the following	g amount:	
\$35 Filing Fee  \$43.75 Filing I Certificate of S		
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

### ARTICLES OF DISSOLUTION

FILED

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation subm of dissolution: TALLAHASSEE, FLORIDA The name of the corporation as currently filed with the Florida Department of State: FIRST: DAVID E. GILLILAND INC P03000151328 The document number of the corporation (if known): SECOND: The date dissolution was authorized: SEPTEMBER 16, 2015 THIRD: SEPTEMBER 16, 2015 Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will 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 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: (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) DAVID E. GILLILAND (Typed or printed name of person signing) PRESIDENT

(Title of person signing)

### Filing Fee: \$35

# **Notice of Corporate Dissolution**

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

This "Notice of Corporate Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Corporation:  DAVID E GILLILAND INC
Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the <i>Articles of Dissolution</i> .
Description of information that must be included in a claim:
, , , , , , , , , , , , , , , , , , , ,
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
2143 INDIGO DRIVE
CLEARWATER FL 33763
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.
1
DAVID E GILLILAND
Printed Name of the Person Filing Segnature of the Person Filing

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00