103000158019

(Re	equestor's Name)	
(Ad	Idress)	· ·
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE
TALLAHASSEE, FLORID.



COVER LETTER

TO: Amendment Section

Division of Corporations

SUBJECT: Dissolution of corporation	
DOCUMENT NUMBER: p03000158019	
The enclosed Articles of Dissolution and fee are sub	omitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Frances A. Shirley	
(Name of Contact P	Person)
Shirley Drywall Inc.	
(Firm/Compar	ıy)
6557 se145th st	
(Address)	
Summerfield Fl.34491	
(City/State and Zip	Code)
For further information concerning this matter, pleas	e call:
Ernest Shirley at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
	ed Copy Certificate of Status & Certified Copy
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

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:
	Shirley Drywall Inc.
SECOND:	The document number of the corporation (if known): po3000158019
THIRD:	The date dissolution was authorized: 7/30/2010
	Effective date of dissolution if applicable: 8/15/2010 (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 east 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
	all owners ASS
	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 (iduciary)
	Ernest Shirley
	(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 Corp	oration: Shirley Drywall Inc.
	ation will be the date the dissolution is filed with the Department of State or as a Articles of Dissolution.
Description of	information that must be included in a claim:
Original c	opy of invoices
· <u></u>	
Mailing addres	ss where claims can be sent: (Claims cannot be sent to the Division of Corporations)
	6557 se 145th st
	Summerfield FI. 34491
	st the above named corporation will be barred unless a proceeding to enforce the claim is commenced after the filing of this notice.
trnest	W Shirles End D Signature of the Person Filing Signature of the Person Filing
	Printed Name of the Person Filing Signature of the Person Filing