PH00003188

(Re	equestor's Name)	
(
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
, (Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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01/28/09--01017--007 **35.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TILED

SIN O

COVER LETTER

TO: Amendment Section

Division of Corporations		
SUBJECT: dissolution of 1	Leavins + Bowen Custom Cabinets, Inc.	
DOCUMENT NUMBER: P840	00003188	
The enclosed Articles of Dissolution and fe	e are submitted for filing.	
Please return all correspondence concerning	this matter to the following:	
Franklin Leavins		
(Name of C	Contact Person)	
Leavins + Bowen Custom Cabinets (Firm/Company)		
(Firm	/Company)	
1975 S. Weeks St.		
Bonifay Fl 32425		
Bonifay, F1 32425 (City/State	e and Zip Code)	
For further information concerning this matt	ter, please call:	
Franklih Leavihs	at (850) 326-1891	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amour	nt:	
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	□ \$43.75 Filing Fee & □ \$52.50 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

ARTICLES OF DISSOLUTION

FILED

Pursuant to s of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles on: JAN 28 Art 8: 59		
FIRST:	The name of the corporation as currently filed with the Florida Department of State: Leaving + Bowen Custom Cabinets, Inc.		
SECOND:	The document number of the corporation (if known): P0400003188		
THIRD:	The date dissolution was authorized: $\frac{12}{31/68}$		
	Effective date of dissolution if applicable: 12/31/08 (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 of 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: 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)		
	Franklin Leavins (Typed or printed name of person signing)		
	President		
	(Title of person signing)		

Filing Fee: \$35 CHL # 2885 /~26-09