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. (Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP		
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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	Office Use On	lv.



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Worman & Sheffler, P.A. Attorneys At Law

2707 W. Fairbanks Ave., Suite 200 Winter Park, Florida 32789 Telephone (407) 843-5353 Facsimile (407) 841-9516

October 16, 2009

Florida Division of Corporations c/o Amendment Section P.O. Box 6327 Tallahassee, FL 32314

> RE: Vines Mechanical, Inc. - Articles of Voluntary Dissolution Our File No.: 4921

Dear Sirs:

Enclosed is my client, Vines Mechanical, Inc.'s, Articles of Voluntary Dissolution. I have also enclosed my client's check in the amount of \$35.00 for your filing fee.

Should you have any questions or concerns, please do not hesitate to contact us.

Very truly yours. WORMAN & SHEFFLER, P.A. Scott S. Sheffler. Esquire

SSS/alh Enclosure cc: Vines Mechanical, Inc.

ARTICLES OF VOLUNTATRY DISSOLUTION

Pursuant to Section 607.1403, *Florida Statutes*, the following Florida for-profit corporation hereby files its following Articles of Voluntary Dissolution.

- 1. The name of the corporation as currently filed with the Florida Department of State is: **VINES MECHANICAL, INC.**
- 2. The document number of the corporation is: **P04000017153**.
- 3. The date dissolution was authorized is: September 9, 2009.
- 4. Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

VINES MECHANICAL, INC.

Nicole Vines, Vice President



NOTICE OF CORPORATE DISSOLUTION

Pursuant to Section 607.1407, *Florida Statutes*, the following Florida for-profit corporation hereby files its Notice of Corporate Dissolution for resolution of payment of unknown claims against this corporation.

- 1. The name of the corporation as currently filed with the Florida Department of State is: VINES MECHANICAL, INC.
- 2. The date of dissolution is the date of filing of the Articles of Dissolution with the Florida Department of State.
- 3. Mailing Address Where Claims Can Be Sent:

Scott Sheffler, Esquire Worman & Sheffler, P.A. 2707 W. Fairbanks Avenue, Suite 200 Winter Park, Florida 32789

- 4. Description of information that must be included in a claim:
 - a. The name, mailing address, phone number and name of contact person on behalf of each Claimant;
 - b. Copies of Invoices that reflect and/or comprise the claim
 - c. Brief description of basis of claim and description of labor, materials and/or services claimed as rendered.

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the date of filing of this Notice.

VINES MECHANICAL, INC.

Nicole Vines, Vice President