## Polley 18822

(Re	questor's Name)	
. (Ad	dress)	·
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	) .
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SECRETARY OF STATE

## **COVER LETTER**

TO: Amendment Section

Division of Corporations		
SUBJECT: DISSOLUTION OF CORPORATION		
DOCUMENT NUMBER: P3 4 0000 18822		
The enclosed Articles of Dissolution and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
VICKIE J. LOVELL		
(Name of Contact Person)		
(Name of Contact Person)  JOHN SCHANDEC MAYER /NC  (Firm/Company)		
(Firm/Company)		
1036 CASUARINA ROAD		
(Address)		
DELRAY BEACH, FL 33483 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (561) 278 - 0922 (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$35 Filing Fee \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$43.75 Filing Fee & \$\bigcup \\$52.50 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (Additional copy is enclosed)  Certified Copy (Additional copy is enclosed)		
MAILING ADDRESS:STREET ADDRESS:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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:
	JOHN SCHANDELMAYER INC
SECOND:	The document number of the corporation (if known): PHODO / SP 2
THIRD:	The date dissolution was authorized: $6/1/09$
	Effective date of dissolution if applicable: (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 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)
	DO JUN -I
	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)
	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)
	VICKIE J. LOVERL
	(Typed or printed name of person signing)
	PRS/SEC/TRAS
	(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 thing a voluntary dissolution.
Name of Corporation: JOHN SCHANDEL MAYER, 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:
Eleboral Salangelik Casi
State States.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)  NORMAN GETSON, ATTY.  YOUR HANGETSON, ATTY.  YOUR HANTZ + GLANTZ  7951 SW SIXTH STREET  PLAMATION, FL 33324
A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commence within 4 years after the filing of this notice.
Mille VKKIE J. Loven
Printed Name of the Person Filing Signature of the Person Filing

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