

A04000027634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

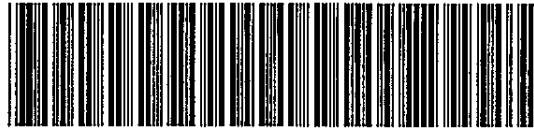
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/06--01067--003 **30.00

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FILED
2006 MAY 17 AM 10:34
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

Dis.

C. Ooullotte MAY 18 2006



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2006

MICHAEL BRYANT
BRYANT & CHAVEZ, INC.
10331 NW 31ST CT.
SUNRISE, FL 33351

SUBJECT: BRYANT & CHAVEZ, INC.
Ref. Number: P04000027634

We have received your document for BRYANT & CHAVEZ, INC. and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$5.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

This is a regular Florida corporation, not a Limited Liability company, please submit the correct form with remaining balance.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 406A00032811

RECEIVED

MAY 16 AM 8:00

FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Dissolution of a Corporation

DOCUMENT NUMBER: 804A00009415

The enclosed **Articles of Dissolution** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Bryant

(Name of Contact Person)

Bryant&Chavez, Inc.

(Firm/Company)

10331 NW 31st Ct,

(Address)

Fort Lauderdale, Florida 33351

(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Bryant

(Name of Contact Person)

at (954) 572-8978

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|---|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|--|---|---|
- Thirty dollars previously submitted
with incorrect form.(See attached
ltr.) Additional five dollars included.

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:

Bryant & Chavez, Inc.

SECOND: The document number of the corporation (if known): 804A00009415

THIRD: The date dissolution was authorized: May 11, 2006

Effective date of dissolution if applicable: May 11, 2006

(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)

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, that fiduciary)

Michael Bryant

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA