

PD4000050215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

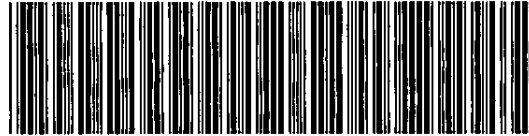
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800281823038

02/12/16--01013--021 **35.00

EFFECTIVE DATE

2/14/2016

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 12 AM 8:49

FILED

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w/notice

FEB 15 2016

I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ARTICLES OF DISSOLUTION

DOCUMENT NUMBER: P04000050215

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

Please return all correspondence concerning this matter to the following:

GERARD J BLANCHETTE JR

(Name of Contact Person)

BLANCHETTE & ASSOCIATES INC

(Firm/Company)

2074 N HIGHWAY 79

(Address)

BONIFAY FL 32425

(City/State and Zip Code)

For further information concerning this matter, please call:

JOE BLANCHETTE

at (850-532-2178

(Name of Contact Person)

(Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 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

EFFECTIVE DATE
2/16/2016

FIRST: The name of the corporation as currently filed with the Florida Department of State:
BLANCHETTE & ASSOCIATES INC

P04000050215

DECEMBER 31, 2015

FEBRUARY 16, 2016

(no more than 90 days after dissolution file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

☐ Dissolution was approved by the shareholders through voting groups.

The number of votes cast for dissolution was sufficient for approval by

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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)

(Typed or printed name of person signing)

(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 Corporation: BLANCHETTE & ASSOCIATES INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the *Articles of Dissolution*.

Description of information that must be included in a claim:

All claims must be specific to work performed by person(s) employed by Blanchette and Associates Inc within the previous
2015 calender year.

Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)

Gerard Blanchette

2074 N Highway 79

Bonifay, Florida 32425

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

Gererd Blanchette

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