004000050794

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SEGRETARY OF STATE
ALLAHASSEE, FI ORIDA

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: <u>P04000050794</u>
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Contact Person)
KEUN R. 1/016T, INC. (Firm/Company)
(Firm/Company)
530 PINE RANCH SAST RO. (Address)
(Address)
OSPREY, FL 34229 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
KEUN R. VOIGT at (941) 724-0506 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$35 Filing Fee \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$43.75 Filing Fee & \$\bigsquare \\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) Certified Copy (Additional copy is enclosed)
MAILING ADDRESS: STREET ADDRESS:
Amendment Section Amendment Section Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 607.1401, 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 Stat	te:		
	KEVIN R. VOIGT, INC.			
SECOND:	The document number of the corporation (if known): P0400050794			
THIRD:	The file date the articles of incorporation: MARCH 22, 2004			
FOURTH:	(CHECK AT LEAST ONE BOX)			
	None of the corporation's shares have been issued.			
	☐ The corporation has not commenced business.			
FIFTH:	No debt of the corporation remains unpaid.			
	The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.	ZUU SEI TALI	3 2	
SEVENTH:	Adoption of Dissolution (CHECK ONE)	SHE T		
	A majority of the incorporators authorized the dissolution.	ARY O		
	A majority of the directors authorized the dissolution.	AM 9: 37 OF STATE FLORIDA	: >	
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.)				
	KEVIN R. VOIGT (Typed or printed name of person signing)			
	(Typed or printed name of person signing) PRESIDENT (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: Kevin R. Voigt, 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:
Name and Address of Claimant. Nature of claim and any claim for damages.
If a Corporation, then the Registered Agent for the Corporation.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
The Law Offices of Jonathan R. Saunders, P.A.
1872 Tamiami Trail South Suite D
Venice, FL 34293
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.
1/ - 1.11
Revin R. Voigt Printed Name of the Person Filing Signature of the Person Filing
Signature of the resourt ming

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