

PO 4000060964

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Miss.
G. Goulette NOV 03 2005

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Worrall & Woodworth Inc

DOCUMENT NUMBER: P04000060964

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

Please return all correspondence concerning this matter to the following:

Scott Worrall

(Name of Contact Person)

(Firm/Company)

352 Oriana Dr

(Address)

Spring Hill, FL 34606

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Worrall at (352) 428-9443

(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

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olution:

Worrall & Woodworth Inc

ND: '

■ ■ ■

Effective date of dissolution if applicable: _____
(no more than 90 days after dissolution file date)

(no more than 90 days after dissolution file date)

TH: A

- ☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.
- ☐ Dissolution was approved by of 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, by that fiduciary)

Scott Worrall

(Typed or printed name of person signing)

President

(Title of person signing)

Filing Fee: \$35