

PD40000069168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

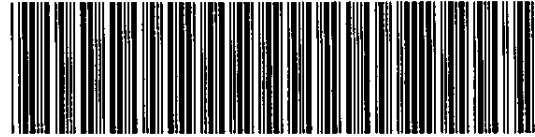
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/30/12--01015--003 \*\*43.75

12 OCT 30 AM 10:42  
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Ant Diss/w/notice  
@ 11/12 CC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corporate Dissolution

**DOCUMENT NUMBER:** P04000069168

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

Please return all correspondence concerning this matter to the following:

**Barbara Nichols**

(Name of Contact Person)

**Pack-N-Post of Crystal River, Inc.**

(Firm/Company)

**987 N. Suncoast Blvd.**

(Address)

**Crystal River, FL 34429**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Barbara Nichols**

(Name of Contact Person)

at **(352) 257-8460**

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(Additional copy is<br>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

## 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 State:

Pack-N-Post of Crystal River, Inc.

SECOND: The document number of the corporation (if known): P04000069168

THIRD: The file date of the articles of incorporation: April 27, 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.

SIXTH: The net assets of the corporation remaining after winding up have been distributed to the shareholders, if shares were issued.

SEVENTH: Adoption of Dissolution (CHECK ONE)

☐ A majority of the incorporators authorized the dissolution.

☒ A majority of the directors authorized the dissolution.

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.)

Barbara Nichols

(Typed or printed name of person signing)

President

(Title of Person Signing)

**Filing Fee: \$35**

12 OCT 30 AM 10:42  
CLERK OF COURT  
STATE OF FLORIDA

## 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: Pack-N-Post of Crystal River, 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:

1. Written proof of claim.
2. Documentation of proof of claim.
3. Copy of signed contract or agreement to support claim.

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

Barbara Nichols

Pack-N-Post of Crystal River, Inc.

987 N. Suncoast Blvd.

Crystal River, Fl. 34429

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.

Barbara Nichols

Printed Name of the Person Filing

Barbara Nichols

Signature of the Person Filing

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