

P04000084157

(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:

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11/26/07--01042--003 **5.00

10/24/07--01028--001 **30.00

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07 NOV 21 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts NOV 26 2007



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2007

THOMAS KELEHER
FLORIDIAN HOME INSPECTIONS, INC.
706 NE 20TH LN
BOYNTON BEACH, FL 33435

SUBJECT: FLORIDIAN HOME INSPECTIONS, INC.
Ref. Number: P04000084157

We have received your document for FLORIDIAN HOME INSPECTIONS, INC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The fee to file your document is \$35.

There is a balance due of \$5.00.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 807A00065818

RECEIVED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Closing Business

DOCUMENT NUMBER: P04000084157

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

Please return all correspondence concerning this matter to the following:

Thomas Keleher

(Name of Contact Person)

Floodman Home Inspections Inc.

(Firm/Company)

706 WE 20th LN

(Address)

Boynton Bch FL 33435

(City/State and Zip Code)

For further information concerning this matter, please call:

Tom Keleher

(Name of Contact Person)

at (561) 364-8362

(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

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

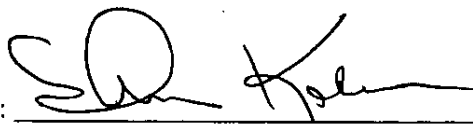
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TALLAHASSEE, FLORIDA

- FIRST: The name of the corporation as currently filed with the Florida Department of Florida Home Inspections, Inc.
- SECOND: The document number of the corporation (if known): P04000084157
- THIRD: The date dissolution was authorized: 10/1/07
Effective date of dissolution if applicable: 10/1/07
(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, by that fiduciary)

Thomas P. Keleher

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

Filing Fee: \$35