

P04000104215

Nathleen Vaive

(Requestor's Name)

1409 Central Ave

(Address)

(Address)

Apopka, FL 32703

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

Specialty Fiberglass, Inc.

(Business Entity Name)

P04000104215

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Incorrect form

Office Use Only



100401138461

02/01/23--01026--002 **25.00

05/11/23--01011--005 **10.00

2023 MAY 11 PM 5:10

MAY 10 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: 704000104215

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

Please return all correspondence concerning this matter to the following:

Kathleen Vaive

(Name of Contact Person)

Specialty Fiberglass, Inc.

(Firm/Company)

140 S. Central Ave

(Address)

Apopka, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Vaive

(Name of Contact Person)

at (407 - 538-0232

(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 &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, 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:

Specialty Fiberglass, Inc.

SECOND: The document number of the corporation (if known): PO 40001041215

THIRD: The date dissolution was authorized: _____

Effective date of dissolution if applicable: _____

(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.

FOURTH: Dissolution was approved by the shareholders, in the manner required by this chapter and the articles of incorporation.

2022 MAY 11 PM 5:10

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)

Kathleen Vaive

(Typed or printed name of person signing)

Secretary

(Title of person signing)

Filing Fee: \$35



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2023

KATHLEEN VAIVE
140 S. CENTRAL AVE
APOPKA, FL 32703

Ref. Number: P0400104215

We have received your document for , however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$10.00.

The form you submitted is for a ARTICLES OF DISSOLUON FOR A LIMITED LIABILITY COMPANY, but your entity is a ARTICLES OF DISSOLUTION. Please complete and return the enclosed blank form(s).

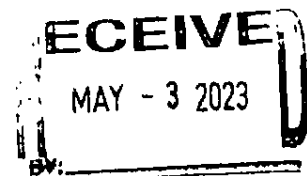
We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 323A00007848





FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2023

KATHLEEN VAIVE
140 S. CENTRAL AVE
APOPKA, FL 32703

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Anissa Butler
Regulatory Specialist II

Letter Number: 323A00007848