

P04000112936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

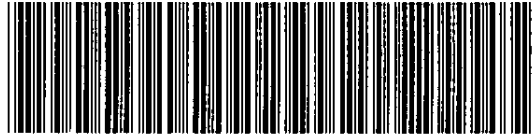
(Document Number)

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DSS/notes
[Signature]

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP -4 PM 1:41

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DISSOLUTION OF BALBINDER & McELROY, INC.

DOCUMENT NUMBER: P 04000112936

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

Please return all correspondence concerning this matter to the following:

Lynn Balbinder
(Name of Contact Person)

(Firm/Company)

4000 NW 57th STREET
(Address)

BOCA RATON, FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

STUART L. RUBIN, C.P.A. at (954) 977-0475
(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

ARTICLES OF DISSOLUTION

FILED

2009 SEP -4 PM 4:41

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

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:

BALBINDER & McELROY, INC.

SECOND: The document number of the corporation (if known): P04000112936

THIRD: The date dissolution was authorized: August 21, 2009

Effective date of dissolution if applicable: August 21, 2009
(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: X Lynn Balbinder
(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)

LYNN BALBINDER
(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: BALBINDER & McELROY, 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:

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

4000 NW 57th STREET
BOCA RATON, FL 33496

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.

LYNN BALBINDER
Printed Name of the Person Filing

X Lynn Balbinder
Signature of the Person Filing