P04 00016665

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· COVER LETTER

Division of Corporations

SUBJECT:

Dissolution of Corporation Galen Connell Inc.

P04000166165

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

Please return all correspondence concerning this matter to the following:

Galen Connell

(Name of Contact Person)

Galen Connell Inc.

(Firm/Company)

734 Wren Road

(Address)

For further information concerning this matter, please call:

Galen Connell at (904 728-1440 (Name of Contact Person) (Area Code) (Daytime Telephone Number)

(City/State and Zip Code)

Enclosed is a check for the following amount:

■ \$35 Filing Fee □ \$43.75 Filing Fee & □ \$43.75 Filing Fee & □ \$52.50 Filing Fee,

Certificate of Status Certified Copy Certificate of Status

ertificate of Status Certified Copy
(Additional copy is enclosed)

Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

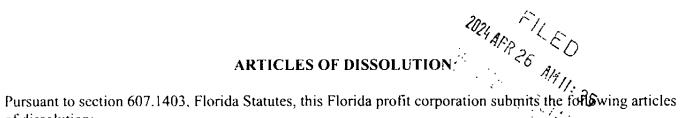
Jacksonville, FL 32216

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO: Amendment Section

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



of dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State: Galen Connell Inc.
SECOND:	The document number of the corporation (if known):
THIRD:	The date dissolution was authorized: December 31, 2023
	Effective date of dissolution if applicable: December 31, 2023 (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.
	Signature: Haly Connel
	(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)
	Galen Connell
	(Typed or printed name of person signing)
	President
	(Title of person signing)

Filing Fee: \$35