(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:
•



500069834365

diss

04/13/06--01005--015 \*\*25.00

 $05 \cdot 03 \times 06 + -0.003 \times -0.06 = \# +0.006$ 



Office Use Only

A00189, 00524, 00671

# **COVER LETTER**

TO: Registration Section Division of Corporations
SHRIFET MICHAEL KULINICH JR, INC
SUBJECT: MICHAEL KULINICH, JR, INC (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL KULINICH, JR. (Name of Person)
(Firm/Company)
P.O. Box 2226 (Address)
DUNLAP, TN. 37327 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (423) 949- 9643 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

# MAILING ADDRESS:

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

# STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 20, 2006

Michael Kulinich Jr. P.O. Box 2226 Dunlap, TN 37327

SUBJECT: MICHAEL KULINICH JR. INC.

Ref. Number: P05000002051

We have received your document for MICHAEL KULINICH JR. INC. and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$10.00. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

The form that you submitted is for a limited liability company not a corporation. I have enclosed the correct form that you may fill out and return to us. Please include an additional \$10.00 since the fee for filing a dissolution is \$35.00.

If you have any questions concerning the filing of your document, please call (850) 245-6907.

Annette Ramsey Document Specialist

Letter Number: 806A00027040

# **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: DISSOLUTION OF CORPORATION
DOCUMENT NUMBER: P 0.5 0000 20.51  The enclosed Articles of Dissolution and fee are submitted for filing.
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL KULINICH, JR. (Name of Contact Person)
(Name of Contact Person)
MICHAEL KULINICH, JR. INC. (Firm/Company)
P.O. BOX 2226 (Address)
DUNLAP, TN. 37327 (City/State and Zip Code)
For further information concerning this matter, please call:
MICHAEL KULINICH, JR. at (423) 949-9643  (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Enclosed is a check for the following amount:    \$\sum_{\sum_\sum_{\sym_{\sum_{\sum_{\sym_{\sym_{\sym_{\sym_{\sum_{\sym_\sym_\sym_\sym_\sym_\sym_\sym_\sym_
MAILING ADDRESS: Amendment Section  STREET ADDRESS: Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

	ARTICLES OF DISSOLUTION
Pursuant to of dissolutio	section 607.1403, Florida Statutes, this Florida profit corporation substates the following articles on:  The name of the corporation as currently filed with the Florida Department of State:
FIRST:	The name of the corporation as currently filed with the Florida Department of State:
	MICHAEL KULINICH, JR. INC.
SECOND:	The document number of the corporation (if known): P 05 0000 2051
THIRD:	The date dissolution was authorized: 4-10-2006
	Effective date of dissolution if applicable: 4-10-2006  (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 of 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)
S	Gignature: Milabland .  (By a director, president or other officer - indirectors 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)
	MICHAEL KULINICH, JR. (Typed or printed name of person signing)
	PRESIDENT (Title of person signing)

Filing Fee: \$35