5/100/1702

itor's Name)
s)
s)
ite/Zip/Phone #)
WAIT MAIL
ss Entity Name)
ent Number)
Certificates of Status
g Officer:

Office Use Only



100116105151

01/13/09--01022--007 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations
Dissolution Corp. DOCUMENT NUMBER: P05000017028
DOCUMENT NUMBER: <u>P05000</u> 017028
The enclosed Articles of Dissolution and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Don L. Wilhelm
Name of Contact Person) Don Wilhelm and associates Inc
(Firm/Company) Po Box 1390
(Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (121) 934-1739 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
Salvantia Status Status Status Status Status Status Status Salvantia Status St
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 STREET ADDRESS: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

PARTITI

Tallahassee, FL 32314

ARTICLES OF DISSOLUTION

	section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles
of dissolutio	on:
FIRST:	The name of the corporation as currently filed with the Florida Department of States
	Don Wilhelm a associates Inc. 3 = 2
SECOND:	The document number of the corporation (if known): POSOOO/1085
THIRD:	The date dissolution was authorized: December 30, 2008
	Effective date of dissolution if applicable: (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
	Donewiene - EARlyh
	(voting group)
	Circle 2 A Late
	(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)
	Typed or printed name of person signing)
	(Title of person signing)

Filing Fee: \$35

PhoeT

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