

PD5000022851

(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:

Office Use Only



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04/14/14--01053--007 **52.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 22 2014

C. CARROTHERS

McCurdy Center GP, Inc.

306 SW 10th Street
Belle Glade, FL 33430

April 10, 2014

Amendment Section
Division of Corporations
Clifton Bldg
2661 Executive Center Circle
Tallahassee, FL 32301

Re: McCurdy Center GP, Inc.: Dissolution
P0500022851

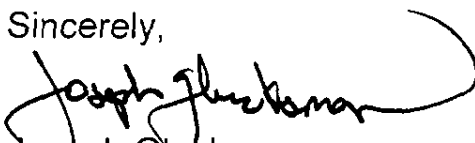
Dear Amendment Section:

Enclosed find for processing and filing the Articles of Dissolution, Notice of Corporate Dissolution and a check in the amount of \$52.50 representing the Filing Fee, Certificate of Status & Certified Copy, and an extra copy of the docs.

Contact me directly at (561) 722-6083, should we need to discuss this request.

Thank you!

Sincerely,


Joseph Glucksman
President

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: McCurdy Center GP, Inc. : Dissolution

DOCUMENT NUMBER: P05000022851

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

Please return all correspondence concerning this matter to the following:

Joseph Glucksman

(Name of Contact Person)

McCurdy Center GP, Inc.

(Firm/Company)

306 SW 10th Street

(Address)

Belle Glade, FL 33430

(City/State and Zip Code)

For further information concerning this matter, please call:

Joseph Glucksman

(Name of Contact Person)

at (561) 722-6083

(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

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

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14 APR 14 PM 2:09

SECRETARY OF STATE

TALLAHASSEE, FLORIDA

FIRST: The name of the corporation as currently filed with the Florida Department of State:
McCurdy Center GP, Inc.

SECOND: The document number of the corporation (if known): **P05000022851**

THIRD: The date dissolution was authorized: **12/19/2013**

Effective date of dissolution if applicable: **12/31/2013 or date of filing**
(no more than 90 days after dissolution file date) *day*

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

n/a

(voting group)

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)

Joseph Glucksman

(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: McCurdy Center GP, 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:

Statement of claim

Name & address of claimant

Contact phone number

Contact e-mail address, if applicable

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

McCurdy Center GP, Inc.

c/o Joseph Glucksman

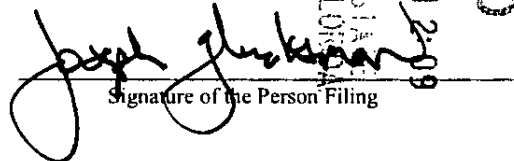
306 SW 10th Street

Belle Glade, FL 33430

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.

Joseph Glucksman

Printed Name of the Person Filing


Signature of the Person Filing

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fee: No charge if included with Articles of Dissolution. If filed separately \$35.00