05000025793

(Requestor's Name)	
(Address)	2002079882
(Address)	2002010001
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	05/27/11 001029 E
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations SUBJECT: NEEDLES WITTHOFF, INC. DOCUMENT NUMBER: P05000025793 The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: William G. Morris (Name of Contact Person) Law Offices of William G. Morris, P.A. (Firm/Company) 247 North Collier Blvd., Suite 202 (Address) Marco Island, FL 34145 (City/State and Zip Code) For further information concerning this matter, please call: William G. Morris (Area Code & Daytime Telephone Number) (Name of Contact Person) 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 Certificate of Status & Certified Copy (Additional copy is Certified Copy enclosed) (Additional copy is enclosed) **STREET ADDRESS: MAILING ADDRESS:** Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

abut dit 3-31-11

ARTICLES OF DISSOLUTION

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		
	Needles Witthoff, Inc.		
SECOND:	The document number of the corporation (if known): P05000025793		
THIRD:	The date dissolution was authorized: May 25, 2011		
	Effective date of dissolution if applicable: May 31, 2011 (no more than 90 days after dissolution)	on file date)	
FOURTH:	Adoption of Dissolution (CHECK ONE)		
	Dissolution was approved by the shareholders. The number of votes cas was sufficient for approval.	t for dissolution	
	Dissolution was approved by the shareholders through voting groups.	2	
	The following statement must be separately provided for each voting group to vote separately on the plan to dissolve:	Paritled 2 00 K	
	The number of votes cast for dissolution was sufficient for approval by		
	(voting group)		
	Signature: Say Will S		
	(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)		
	Stacy Witthoff		
	(Typed or printed name of person signing)		
	Treasurer/Director		
	(Title of person signing)		

Filing Fee: \$35