

P050000031205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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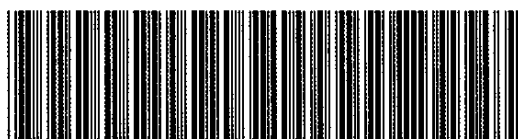
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
2006 OCT 16 AM 8:41

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10/17/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Articles of Dissolution

DOCUMENT NUMBER: P0500031205

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

Please return all correspondence concerning this matter to the following:

Loutrenda Davis

(Name of Contact Person)

CROSBY'S MASONRY, INC.

(Firm/Company)

P.O. Box 16581

(Address)

Jacksonville, FLorida 32245

(City/State and Zip Code)

For further information concerning this matter, please call:

Loutrenda Davis

(Name of Contact Person)

at (904) 866-5538

(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

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FIRST: The name of the corporation as currently filed with the Florida Department of State:

(no more than 90 days after dissolution file date)

(voting group)

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: CROSBY'S MASONRY, 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:

Name of claimant.

Nature of claim (product or service).

Date product was received of service was rendered.

Dollar amount of claim.

Who authorized purchase or service.

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

Crosby's Masonry, Inc.

Loutrenda Davis

P.O. Box 16581

Jacksonville, Florida 32245

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.

Loutrenda Davis

Printed Name of the Person Filing

Loutrenda Davis
Signature of the Person Filing

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