P05000031205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 OCT 16 AM 8:41

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 at (904) 866-5538
(Name of Contact Person) (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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 OCT 16 AM 8:41

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 State:

CROSBY'S MASONRY, INC.

SECOND: The document number of the corporation (if known): P05000031205

THIRD: The date dissolution was authorized: 08/01/2006

Effective date of dissolution if applicable: 08/01/2006
(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 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)

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)

Loutrenda Davis
(Typed or printed name of person signing)

President, Owner
(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: 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