

P05000039044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

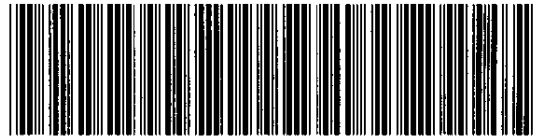
(Document Number)

Certified Copies _____

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03/27/09--01012--008 **35.00

FILED
09 MAR 27 PM 3:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FC Diss/Not
3/31/09

TASO M. MILONAS, P.A.

writer's e-mail:
tmilonas@wealthlawgroup.com

Taso M. Milonas, J.D., LL.M.
Board Certified Tax Lawyer

March 19, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

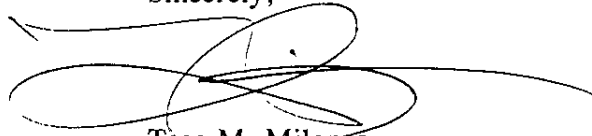
Re: **Sharon Mercier & Company, Inc.**

Dear Sir or Madam:

Enclosed for filing please find the Articles of Dissolution and Notice of Dissolution for the above-referenced corporation, together with a check in the amount of \$35.00 to cover the filing fee.

Thank you for your prompt attention to the foregoing. If you have any questions or require any additional information, please contact the undersigned.

Sincerely,



Taso M. Milonas

TMM/
Enclosures

ARTICLES OF DISSOLUTION
OF
SHARON MERCIER & COMPANY, INC.

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

ARTICLE I

Name

The name of the corporation as currently on file with the Florida Department of State is
SHARON MERCIER & COMPANY, INC.

ARTICLE II

Document Number

The document number of this corporation is P05000039044.

ARTICLE III

Authorization

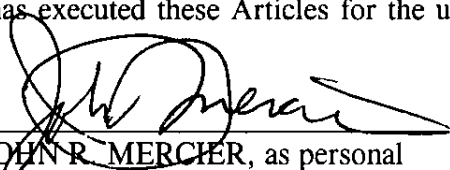
This dissolution was authorized December 31, 2008.

ARTICLE IV

Adoption of Dissolution

This dissolution was approved by the unanimous written consent of the shareholders.

IN WITNESS WHEREOF, the undersigned has executed these Articles for the uses and purposes therein stated.


JOHN R. MERCIER, as personal
representative of the Estate of
Sharon K. Mercier, deceased

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF DISSOLUTION
OF
SHARON MERCIER & COMPANY, INC.

1. The name of the corporation being dissolved is:

SHARON MERCIER & COMPANY, INC.

2. The dissolution will be effective upon its filing date with the Department of State.

3. The following information must be included in a claim:

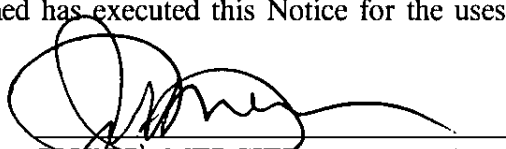
- a. name of claimant;
- b. amount of claim;
- c. nature of claim;
- d. whether claim is secured or unsecured; and
- e. copies of any relevant documentation in support of claim.

4. The mailing address where claims can be sent is:

Claims Administrator
2639 Fruitville Road, Suite 204
Sarasota, Florida 34237

5. A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within four (4) years after the filing of this notice.

IN WITNESS WHEREOF, the undersigned has executed this Notice for the uses and purposes therein stated.


JOHN R. MERCIER, as personal
representative of the Estate of
Sharon K. Mercier, deceased